

VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS



Veterans Benefits Administration

*Inspection of
the VA Regional Office
Winston-Salem, North Carolina*

September 28, 2017
17-00266-349

ACRONYMS

EP	End Product
FY	Fiscal Year
NWQ	National Work Queue
OIG	Office of Inspector General
RVSR	Rating Veterans Service Representative
SAH	Specially Adapted Housing
SHA	Special Home Adaptation
SMC	Special Monthly Compensation
TBI	Traumatic Brain Injury
VA	Department of Veterans Affairs
VARO	Veterans Affairs Regional Office
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System
VSC	Veterans Service Center
VSCM	Veterans Service Center Manager

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Highlights: Inspection of the VARO Winston-Salem, NC

Why We Did This Review

In December 2016, we evaluated the Winston-Salem VA Regional Office (VARO) to see how well Veterans Service Center (VSC) staff processed disability claims, timely and accurately processed proposed rating reductions, input claim information, and responded to special controlled correspondence.

What We Found

Claims Processing—Winston-Salem VSC staff did not consistently process one of the two types of disability claims we reviewed. Overall, VSC staff inaccurately processed seven of the 60 disability claims we reviewed (12 percent). Five errors affected benefits payments and resulted in 139 improper monthly payments, totaling approximately \$86,400 to five veterans. The two remaining errors had the potential to affect benefits payments.

We reviewed 30 of 3,222 veterans' traumatic brain injury claims (1 percent) and found that VSC staff accurately processed all 30 claims. However, VSC staff did not consistently process entitlement to special monthly compensation (SMC) and ancillary benefits claims correctly. We reviewed 30 of the 146 SMC claims VSC staff processed (21 percent) and found that seven claims contained errors—an increase in errors from our 2015 inspection, when five of 30 cases were inaccurate. The errors occurred because VSC staff were inexperienced in processing higher-level SMC and ancillary benefits claims and there was an ineffective secondary review process.

Proposed Rating Reductions—VSC staff processed rating reductions accurately but needed to prioritize this workload to ensure timely actions. We reviewed 30 of 1,180 rating reduction cases (3 percent) and found that VSC staff delayed processing 10 of the cases (33 percent). As of November 1, 2016, the delays resulted in an average of five months of improper payments. Delays occurred because VSC management prioritized other workloads. As a result, the 10 cases with delays resulted in 45 improper payments that totaled approximately \$19,900.

Systems Compliance—VSC staff needed to improve the accuracy and completeness of information entered into the electronic system at the time of claims establishment. We reviewed 30 of the 4,060 newly established claims (1 percent) and found that claims assistants entered inaccurate and/or incomplete information in the electronic system for 24 of the 30 claims (80 percent) due to incomplete training and an inconsistent quality review process.

Special Controlled Correspondence—VSC staff needed to improve the processing of special controlled correspondence. We reviewed 30 of the 1,784 special controlled correspondences (2 percent) and found that Congressional Liaison staff incorrectly processed 14 of 30 cases. The errors occurred because of a lack of training and inadequate oversight.

What We Recommended

We recommended the Winston-Salem VARO Director implement a plan to monitor the effectiveness of SMC training,

ensure secondary reviewers accurately evaluate higher-level SMC and ancillary benefits claims, ensure VSC staff receive all mandatory training on establishing claims, and ensure consistency in quality reviews over this process. We also recommended the Director implement a plan to ensure Congressional Liaison staff receive standardized training and comply with VA policy when processing special controlled correspondence. In addition, we recommended the North Atlantic District Director ensure the timely processing of the rating reduction workload.

Agency Comments

The VARO and North District Directors concurred with our recommendations. Management's planned actions are responsive and we will follow up as required.



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INTRODUCTION

Objectives

The Benefits Inspection Program is part of the VA Office of Inspector General's (OIG) efforts to ensure our nation's veterans receive timely and accurate benefits and services. We conduct onsite inspections at randomly selected Veterans Affairs Regional Offices (VARO) to assess their effectiveness. In FY 2017, we looked at four mission-critical operations—Disability Claims Processing, Management Controls, Data Integrity, and Public Contact. We further define our independent oversight inspection to identify key objectives and risks within each operation or VARO program responsibility. In FY 2017, our objectives were to assess the VARO's effectiveness in:

- Disability claims processing by determining whether Veterans Service Center (VSC) staff accurately processed traumatic brain injury (TBI) claims and claims related to special monthly compensation (SMC) and ancillary benefits
- Management controls by determining whether VSC staff timely and accurately processed proposed rating reductions
- Data integrity by determining whether VSC staff accurately input claim and claimant information into the electronic systems at the time of claims establishment
- Public contact by determining whether VSC staff timely and accurately processed special controlled correspondence

When we identify potential procedural inaccuracies, we provide this information to help the VARO understand the procedural improvements it can make for enhanced stewardship of financial benefits. Errors that affect benefits have a measurable monetary impact on veterans' benefits. Errors that have the potential to affect benefits are those that either had no immediate effect on benefits or had insufficient evidence to determine the effect to benefits.

Winston-Salem VA Regional Office

As of September 2016, the Winston-Salem VARO had a staffing level of 751 full-time employees assigned, 11 more than the 740 authorized. Of the 751 employees, 475 were assigned to the VSC—two fewer than the authorized amount of 477.^{1,2} In FY 2016, the Winston-Salem VARO completed 53,699 claims—averaging 8.8 issues per claim.³

¹ Office of Field Operations, actual Staffing Levels by Program code, Pay Period 18 and Field Direct Resource Allocation Model from FY 2016.

² Employee staffing numbers have been rounded when applicable.

³ Office of Performance Analysis and Integrity, Rating Claims Completed and Total Issues Rated, file date, September 30, 2016.

RESULTS AND RECOMMENDATIONS

I. Disability Claims Processing

Finding 1 **Winston-Salem VSC Staff Generally Processed TBI Claims Correctly But Needed To Improve Accuracy in Processing Claims Related to SMC and Ancillary Benefits**

Winston-Salem VSC staff accurately processed all 30 TBI-related claims we reviewed. However, VSC staff did not always process entitlement to SMC and ancillary benefits consistent with Veterans Benefits Administration (VBA) policy. Generally, the errors occurred because VSC staff were inexperienced in processing higher-level SMC and ancillary benefits claims. Errors were also due to an ineffective secondary review process. Overall, VSC staff incorrectly processed seven of the total 60 veterans’ disability claims we reviewed (12 percent). At the time of our review in December 2016, five of the errors affected benefits and resulted in 139 improper monthly payments, totaling approximately \$86,400 to five veterans.⁴ The remaining two errors had the potential to affect benefits payments.

Table 1 reflects the errors affecting, and those with the potential to affect, veterans’ benefits processed at the Winston-Salem VARO. We sampled claims related only to specific conditions that we considered at higher risk of processing errors. As a result, the errors identified do not represent the universe of disability claims or the overall accuracy rate at this VSC.

Table 1. Winston-Salem VARO Disability Claims Processing Accuracy

		Veterans’ Claims Inaccurately Processed		
Type of Claim	Reviewed	Affecting Veterans’ Benefits	Potential To Affect Veterans’ Benefits	Total
TBI	30	0	0	0
SMC and Ancillary Benefits	30	5	2	7
Total	60	5	2	7

Source: VA OIG analysis of VBA’s TBI disability claims completed from April through September 2016; and SMC and ancillary benefits claims completed from October 2015 through September 2016 obtained from VBA’s corporate database.

⁴ All calculations in this report have been rounded when applicable.

**VBA Policy
Related to TBI
Claims**

VBA defines a TBI event as a traumatically induced structural injury or a physiological disruption of brain function caused by an external force. The major residual disabilities of TBI fall into three main categories—physical, cognitive, and behavioral. VBA policy requires staff to evaluate these residual disabilities. Decision Review Officers and Rating Veterans Service Representatives (RVSR) who have completed the required TBI training must process all decisions that address TBI as an issue. Rating decisions for TBI require two signatures until the decision-maker demonstrates an accuracy rate of 90 percent or greater based on the VARO’s review of at least 10 TBI decisions.⁵

VBA policy requires that one of the following specialists make the initial diagnosis of TBI: physiatrist, psychiatrist, neurosurgeon, or neurologist. A generalist clinician who has successfully completed the required TBI training may conduct a TBI examination if the diagnosis is of record and was established by one of the aforementioned specialty providers.⁶

**Review of TBI
Claims**

We randomly selected and reviewed 30 of 3,222 veterans’ TBI claims (1 percent) completed from April 1 through September 30, 2016 and determined RVSRs processed all 30 claims according to VBA policy. We also reviewed the qualifications of the medical examiners and claims processing staff to ensure compliance with VBA policy.

**VBA Policy
Related to
SMC and
Ancillary
Benefits**

VBA assigns SMC to recognize the severity of certain disabilities or combinations of disabilities by adding an additional compensation to the basic rate of payment when the basic rate is not sufficient for the level of disability present. SMC represents payments for “quality of life” issues such as the loss of an eye or limb, or the need to rely on others for daily life activities, like bathing or eating.

Ancillary benefits are secondary benefits considered when evaluating claims for compensation, which include eligibility for educational, automobile, and housing benefits. Specially Adapted Housing (SAH) and Special Home Adaptation (SHA) are two grants administered by VA to assist seriously disabled veterans in adapting housing to their special needs.⁷ An eligible veteran may receive an SAH grant of not more than 50 percent of the purchase price of a specially adapted house, up to the total maximum allowable by law. An eligible veteran may receive an SHA grant toward the actual cost to adapt a house or toward the appraised market value of

⁵ M21-1 Adjudication Procedures Manual, Part III, Subpart iv, Chapter 4, Section G, Topic 2, *TBI*.

⁶ *Ibid.*, Chapter 3, Section D, Topic 2, *Examination Report Requirements*.

⁷ 38 CFR, Part 3 – Adjudication (§3.807 *Dependents’ Educational Assistance*; §3.808 *Automobiles and Other Conveyances*; §3.809 *Special Adapted Housing*; §3.809a *Special Home Adaptation Grants*).

necessary adapted features already in a house when the veteran purchased it, up to the total maximum allowable by law.⁸

VBA policy requires staff to address the issues of SMC and ancillary benefits whenever they can grant entitlement.⁹ VBA policy also states that all rating decisions involving SMC above a specified level requires a second signature.¹⁰ The Winston-Salem VSC policy required journey-level RVSRs to conduct secondary reviews for other RVSRs.

In our report, *Review of VBA's Special Monthly Compensation Housebound Benefits* (Report No. 15-02707-277, September 29, 2016), we reviewed SMC housebound benefits. Our current benefits inspection reviewed a higher level of SMC that included those payment rates related to disabilities such as loss of limbs, loss of eyesight, and paralysis. These two reviews did not overlap because this review involved different types of SMC benefits that cannot be granted simultaneously with SMC housebound benefits.

**Review of
SMC and
Ancillary
Benefit Claims**

We randomly reviewed 30 out of 146 veterans' claims involving entitlement to SMC and related ancillary benefits (21 percent) completed by VSC staff from October 1, 2015 through September 30, 2016. We examined whether VSC staff accurately processed entitlement to SMC and ancillary benefits associated with anatomical loss, loss of use of two or more extremities, or bilateral blindness with visual acuity of 5/200 or worse.¹¹ We determined seven of the 30 claims contained errors (23 percent). Five of the errors affected veterans' benefits and resulted in 139 improper payments, totaling approximately \$86,400 to five veterans. The remaining two errors had the potential to affect payments. Summaries of the five errors affecting benefits follow.

- In the most significant case, which contained multiple errors, an RVSR assigned an incorrect level of SMC for Aid and Attendance that was not supported by medical evidence. In the same decision, the RVSR did not correct an SMC error made in a previous decision that overlooked the veteran's entitlement to an increased level of SMC. The increased level was based on additional permanent disabilities related to complications of diabetes and frostbite, which were evaluated as greater than 50 percent disabling. In such cases, VSC staff should establish entitlement to the next higher rate of SMC.¹² In addition, a required secondary review was conducted on this claim but the RVSR conducting the second-signature review did not identify the errors. VA overpaid the veteran

⁸ M21-1 Adjudication Procedures Manual, Part IX, Subpart i, Chapter 3, Section 1, *Eligibility for SAH or SHA Grants*.

⁹ *Ibid.*, Part III, Subpart iv, Chapter 6, Section B, Topic 2.b, *When to Address Subordinate Issues and Ancillary Benefits*.

¹⁰ *Ibid.*, Part III, Subpart iv, Chapter 6, Section D, Topic 7.d, *Two Signature Ratings*.

¹¹ 38 CFR §3.350(b), *Special Monthly Compensation Ratings*.

¹² 38 CFR §3.350(f)(3), *Additional Independent 50 Percent Disabilities*.

approximately \$37,900 over a period of 11 months, while also underpaying approximately \$17,800 over a period of eight years and five months. Consequently, the veteran received 113 improper payments totaling approximately \$55,800 over a period of nine years and four months.

- In another case, an RVSR used an incorrect date to establish SMC benefits for payment. In this case, the RVSR used the veteran's date of claim, April 7, 2016, as the effective date for benefits payments, rather than assigning January 20, 2016, which was the earliest date possible to establish an increase in benefits based on medical evidence, as required.¹³ In addition, the second-signature review by another RVSR did not identify the error. As a result, VA underpaid the veteran approximately \$13,500 over a period of three months.
- In two other cases, RVSRs assigned incorrect levels of SMC for loss of use of the lower extremities, which was not supported by medical evidence. In both cases, the required secondary reviews occurred; however, the RVSR conducting the second-signature reviews did not identify these errors. As a result, VA overpaid one veteran approximately \$9,000 over a period of 10 months and another veteran approximately \$3,000 over a period of four months. In addition, the RVSRs improperly established entitlement to SAH and automobile or other conveyance and to adaptive equipment. Had the veterans requested these entitlements, the potential existed for VA to erroneously pay the benefits—valued in FY 2016 at \$73,768 and \$20,174.68, respectively.
- In another case, an RVSR assigned an incorrect level of SMC and an incorrect date to establish SMC benefits for payment. In this case, the veteran was entitled to a higher level of SMC based on anatomical loss of both legs so near the hips as to prevent the use of prosthetic appliances.¹⁴ The RVSR assigned the veteran's date of claim as the effective date for benefit payments, rather than assigning the earliest date possible to establish an increase in benefits based on medical evidence, as required.¹⁵ In addition, the second-signature review by another RVSR did not identify the error. Consequently, VA underpaid the veteran approximately \$5,100 over a period of nine months.

The remaining two errors had the potential to affect veterans' benefits. In both cases, RVSRs did not establish entitlement to ancillary benefits such as SHA grants and automobile or other conveyance and adaptive equipment, as required.¹⁶ One of the cases contained the required second-signature review but the RVSR reviewing the claim did not identify the error; the remaining

¹³ 38 CFR §3.400, *Effective date for increase in disability compensation.*

¹⁴ *Ibid.* §3.350, *Special Monthly Compensation Ratings.*

¹⁵ *Ibid.* §3.400, *Effective date for increase in disability compensation.*

¹⁶ M21-1, Adjudication Procedures Manual, Part III, Subpart iv, Chapter 6, Section B, Topic 2, b. *When to Address Subordinate Issues and Ancillary Benefits.*

case did not have the required secondary review. We provided VSC management the details of all seven errors for appropriate action. VARO management agreed with our assessments in the seven cases we identified as having errors.

We confirmed that RVSRs received SMC training in May 2016; however, RVSRs misapplied evaluation criteria when assigning higher levels of SMC, erroneously established or failed to establish ancillary benefits related to housing and auto adaptations and grants, and assigned an incorrect effective date to establish benefits payments. VSC coaches and staff told us that RVSRs could always use more training because of the complexity of higher-level SMC claims and stated that RVSRs did not process these claims often enough to become proficient. In addition, the second-signature review process was ineffective because the reviewers did not identify errors in six of the seven cases—the remaining case did not undergo the required review.

Although VSC management agreed with our assessments in the seven cases with errors, it stated that the percentage of errors we identified was not indicative that second-signature reviews by other RVSRs were ineffective. We learned through interviews with VSC coaches and RVSRs that many attributed the missed errors by secondary reviewers to the lack of accountability and lack of workload credit given to reviewers to conduct the reviews. Others attributed the missed errors to reviewers rushing to meet their own workload production goals. As a result, veterans did not always receive accurate benefit payments

*Previous OIG
Inspection
Results*

In our previous report, *Inspection of VA Regional Office, Winston-Salem, North Carolina* (Report No. 15-00452-411, August 26, 2015), we identified five errors in processing 30 SMC claims occurred due to a lack of training. Generally, errors relating to SMC claims and ancillary benefits resulted from a lack of training and ineffective second-signature process. We confirmed RVSRs had not received SMC training in the past two years. As such, we recommended training on processing higher-level SMC claims.

We also found the VARO's second-signature review policy ineffective because only one of the five cases with errors had undergone the second-signature review required by the VARO's local policy. We did not make recommendations for improving the VAROs second-signature review process because Compensation Service issued a bulletin in February 2015, reminding VARO claims processing staff to follow national guidance when processing claims and that local guidance at individual VAROs should no longer be used.¹⁷ The OIG closed its recommendation after Winston-Salem VARO staff responsible for evaluating claims related to SMC benefits received refresher training.

¹⁷ Compensation Service Bulletin, February 2015, National Guidance.

Using the same methodology as our 2015 benefits inspection, the Winston-Salem VARO incorrectly processed seven of the 30 SMC claims during our current inspection—increasing the error rate from 17 percent to 23 percent, despite refresher training in January 2015 and again in May 2016. Similarly, the 2015 benefits inspection and the current benefits inspection identified ineffective secondary review processes; however, in the 2015 inspection, the secondary reviews did not occur in four of the five cases with errors. In the current inspection, the second-signature review did occur in all but one of the seven cases with errors but the reviewers did not identify the errors. Given similar findings in two consecutive benefits inspections, increased oversight over processing higher-level SMC-related disability claims is needed.

Recommendations

1. We recommended the Winston-Salem Regional Office Director develop and implement a plan to monitor the effectiveness of training on higher-level special monthly compensation and ancillary benefits claims at the Winston-Salem VA Regional Office.
2. We recommended the Winston-Salem VARO Director develop and implement a plan to ensure secondary reviewers accurately evaluate higher-level special monthly compensation and ancillary benefits claims at the Winston-Salem VA Regional Office.

Management Comments

The VARO Director concurred with our finding and recommendations. For Recommendation 1, the Director reported the VARO conducted training for employees related to SMC and ancillary benefits in the second and third quarters of FY 2017. A revised standard operating procedure for second signatures, with expected implementation of October 1, 2017, was developed to allow tracking of second-signature claims to provide targeted training in the future. To address Recommendation 2, the Director established a procedure for claims requiring concurrence prior to promulgation with the objective of improving overall accuracy, as well as that of higher-level SMC and claims for ancillary benefits. The VARO Director requested closure of Recommendations 1 and 2.

OIG Response

The VARO Director's comments and actions are responsive to our recommendations; however, we consider Recommendations 1 and 2 open until the VARO Director provides training documentation, revised procedures, and evidence of implementation. We will follow up as necessary.

II. Management Controls

Finding 2

Winston-Salem VSC Staff Generally Processed Proposed Rating Reductions Accurately But Needed To Improve Timeliness

Winston-Salem VSC staff processed proposed rating reductions accurately, but better oversight is needed to ensure timely action. We randomly reviewed and selected 30 proposed benefits reduction cases requiring rating decisions to determine whether VSC staff accurately and timely processed the claims. VSC staff accurately processed all 30 cases; however, 10 of the 30 cases (33 percent) contained delays and affected veterans' benefits. Generally, processing delays occurred because VSC management gave greater priority to the processing of rating-related claims to meet national goals rather than ensuring the timely processing of proposed rating reductions. These delays resulted in 45 improper payments to 10 veterans that totaled approximately \$19,900, occurring from August 2015 to November 2016. Despite significant delays, the law does not address the recovery of these improper payments.¹⁸

**Federal
Regulation and
VA Policy
Related to
Proposed
Rating
Reductions**

Federal Regulation provides for compensation to veterans for conditions they incurred or aggravated during military service.¹⁹ The amount of monthly compensation to which a veteran is entitled could change because his or her service-connected disability could improve or worsen. Improper payments occur when beneficiaries receive payments to which they are not entitled. Improper payments related to benefits reduction cases are attributable to VSC staff delaying actions that are required to ensure veterans receive correct payments for their current levels of disability.

When the VARO obtains evidence that demonstrates that a disability has improved, and the new evaluation would result in a reduction or discontinuance of current compensation payments, VSC staff must inform the beneficiary of the proposed reduction in benefits.²⁰ In order to provide beneficiaries due process, VBA allows 60 days for the veteran to submit additional evidence to show that compensation payments should continue at their present level.²¹ If the veteran does not provide additional evidence within that period, VSC staff must make a final determination to reduce or discontinue the benefit beginning on the 65th day following notice of the proposed action.²²

¹⁸ 38 USC 5112 (b)(5), *Effective dates of reductions and discontinuances.*

¹⁹ 38 CFR §3.303, *Principles relating to service connection.*

²⁰ *Ibid.* §3.103, *Procedural due process and appellate rights.*

²¹ *Ibid.* §3.105, *Revision of decisions.*

²² M21-1 Adjudications Procedures Manual, Part 1, Chapter 2, Section C, Topic 1, *General Information on the Adverse Action Proposal Period.*

**Review of
Claims
To Assess
Accuracy**

We randomly selected and reviewed 30 of 1,180 completed claims (3 percent) from July 1 through September 30, 2016 that proposed reductions in benefits. We did not identify any errors in the 30 cases we sampled, such as evaluation errors or premature reductions in benefits.

**Review of
Claims
To Assess
Processing
Timeliness**

Processing delays that required rating decisions to reduce benefits occurred in 10 of 30 claims (33 percent). As of November 1, 2016, the delays resulted in an average of five months of improper payments. We considered cases to have delays when VSC staff did not process them by the 65th day following notice of the proposed action and the resulting effective date of reduction was affected by at least one month.

In the case with the most significant overpayment and delay, an RVSR proposed to reduce the disability evaluation for a veteran's anxiety disorder on February 10, 2015; however, the veteran's benefits were not reduced until September 1, 2016. Had VSC staff taken action at the end of the due process period, the reduction would have occurred on August 1, 2015—one year and one month earlier than when it actually occurred. Consequently, VA overpaid the veteran approximately \$5,700 during that period. We provided the details of the 10 cases with delays, all of which affecting benefits, to the VSCM for appropriate action.

VARO management disagreed with our assessments in these 10 cases, contending that the veteran cannot be considered overpaid until VA renders a final decision. Pursuant to the Improper Payments Elimination and Recovery Improvement Act of 2010, the definition of an improper payment includes any payment (including overpayments) that should not have been made or was made in an incorrect amount.²³ VBA policy does not alter the statutory definition. Furthermore, management's responsibility to prevent improper payments is not a matter of its discretion based on workload priorities. According to Executive Order 13520, *Reducing Improper Payments and Eliminating Waste in Federal Programs* (November 20, 2009), the Federal government must make every effort to confirm the recipient is receiving the right payment for the right reason at the right time when it pays beneficiaries. Therefore, it is VBA management's responsibility to address this issue.

VSC management reported this workload was not timely processed because the VARO was required to comply with nationally directed mandates involving workload management. Compliance with the nationally mandated workload requirements affected the VARO's ability to dedicate the appropriate number of resources to address benefits reduction cases.

²³ Pub. L. No. 111-204 §2(e).

**Previous OIG
Inspection
Results**

In our previous report, *Inspection of VA Regional Office, Winston-Salem, North Carolina (Report No. 15-00452-411, August 26, 2015)*, 14 of the 30 benefits reduction cases reviewed contained delays that averaged approximately eight months and \$139,200 in improper benefits payments. The errors occurred because VARO staff did not prioritize the benefits reductions workload. VSC management did not initially agree with our assessments in the 14 cases with errors; however, it later provided concurrence and an action plan to modify its local workload management plan and focus resources on benefits reduction cases that had expired suspense dates. The OIG closed the recommendation in August 2016.

Given the similarity of our inspection findings for two consecutive benefits inspections, we concluded the corrective actions taken by the VARO Director were ineffective because the improvement was not sustained. Delays associated with processing benefits reduction cases in the 2015 benefits inspection and the current inspection resulted in improper payments of approximately \$159,100, which could have been avoided by prioritizing the workload.

Recommendation

3. We recommended the North Atlantic District Director implement a plan to ensure oversight and prioritization of proposed rating reduction cases at the Winston-Salem VA Regional Office.

**Management
Comments**

The North Atlantic District Director concurred with the VARO's response to our finding and recommendation. The District Director reported that VBA provides oversight and prioritization of proposed rating reduction cases at the national level. As of April 9, 2017, all VAROs receive a daily distribution of actionable due process work that is either priority or the oldest pending claims. Nationally, VAROs are held to a standard that all work must be completed on a claim that is distributed within an average of five days. VARO and District Office leadership, as well as the Office of Field Operations, routinely monitor stations performance related to the average five-day "Time in Queue" standard. Since this process was implemented, timeliness of these claims improved by 30 days. VBA will continue to monitor the improvements in timeliness and make prioritization adjustments as necessary. VBA requested closure of Recommendation 3.

**OIG
Response**

The North Atlantic District Director's comments and actions are responsive to our recommendation; however, we consider Recommendation 3 open until VBA provides documentation to support timeliness improvements since April 2017. We will follow up as appropriate.

III. Data Integrity

Finding 3

Winston-Salem VSC Staff Needed To Improve the Accuracy and Completeness of Information Input Into the Electronic Systems at the Time of Claims Establishment

Winston-Salem VSC staff needed to improve the accuracy and completeness of information input into the electronic systems at the time of claims establishment. We reviewed 30 pending rating claims to determine whether VSC staff accurately input claims and claimant information into the electronic systems at the time of claim establishment. In 24 of 30 claims reviewed (80 percent), VSC staff entered inaccurate and/or incomplete information in the electronic systems. These errors were due to incomplete training and an inconsistent quality review process. When VSC staff establish claims in the electronic record using inaccurate or incomplete information, the potential exists to misroute the claims within the National Work Queue (NWQ) and create processing delays.²⁴

VBA Policy Related to Data Integrity

VBA relies on data input into electronic systems to accurately manage and report its workload to stakeholders, and to properly route claims within the NWQ—VBA’s electronic workload management tool. The NWQ centrally manages the national claims workload by prioritizing and distributing claims across VBA’s network of VAROs. The NWQ uses rules that assign workload based on certain claimant and claim information within the electronic system, which include corporate flashes, claim labels, and special issues.²⁵ The Veterans Benefits Management System (VBMS) is an electronic processing system the NWQ uses to distribute work.²⁶ Claims misidentified or mislabeled at the time of claims establishment can result in improper routing within the NWQ and potentially lead to the untimely processing of claims.

Initial claim routing begins at the time of claims establishment. VSC staff must input claim and claimant information into the electronic system to ensure system compliance.

²⁴ Department of Veterans Affairs, Veterans Benefits Administration, National Work Queue, Phase 1 Playbook.

²⁵ *Ibid.*

²⁶ *Ibid.*

Table 2 reflects nine claims establishment terms used by VSC staff when they establish a claim in the electronic record.

Table 2. Claims Establishment Terms

Term	Definition
Date of Claim	Earliest date the claim or information is received in any VA facility
End Product	The end product system is the primary workload monitoring and management tool for the VSC
Claim Label	A more specific description of the claim type that a corresponding end product represents
Claimant Address	Mailing address provided by the claimant
Claimant Direct Deposit	Payment routing information provided by the claimant
Power of Attorney	An accredited representative of a service organization, agent, non-licensed individual, or attorney representative chosen by the claimant to represent him or her
Corporate Flash Indicator	Claimant-specific indicators which can represent an attribute, fact, or status that is unlikely to change
Special Issue Indicator	Claim-specific indicators and can represent a certain claim type, disability or disease, or other special notation that is only relevant to a particular claim
Claimed Issue with Classification	Specifies the claimed issue and its medical classification

Source: VA OIG presentation of definitions from VBA's M21-1 and M21-4

Systems Compliance

We randomly selected and reviewed 30 of 4,060 pending rating claims (1 percent) from VBA's corporate database established in September 2016 that were pending as of October 1, 2016. We determined VSC staff established claims in the electronic system of records using inaccurate or incomplete information in 24 of the 30 claims we reviewed. We provided the details of the 24 records with errors to VSC management for appropriate action. The 24 records accounted for 37 errors because some contained multiple inaccuracies. None of the errors affected benefits. VARO management agreed with our assessment in 30 of the 37 errors. Management did not provide additional citations to support its disagreement related to direct deposit input during claims establishment and the required specificity of claimed issue classifications in the remaining seven errors; rather, management provided an alternative interpretation of the cited criteria. Given that no additional evidence was provided, we could not reconsider the errors.

Summaries of the most frequent errors requiring corrective actions follow.

- In 11 records, VSC staff did not enter the correct claimed issues, claim type, and/or issue classification in the electronic systems. VBA policy requires staff to enter the correct classification when entering a claimed issue, which must be associated with the correct claim type.²⁷ Failure to enter claimed issues, correct claim types, and/or issue classifications may lead to additional work for employees later in the claim development process or to an incorrect VA examination request.
- In nine records, VSC staff did not select correct special issue indicators when establishing the claims in electronic systems. VBA policy states that VSC staff must select the accurate special issue indicators when establishing claims.²⁸ Incorrect special issue indicators may result in misrouting the claims and/or delaying processing actions.
- In seven records, VSC staff did not input the correct claim labels in electronic systems. VBA policy states that VSC staff must select the accurate claim label when establishing a claim.²⁹ Using an incorrect claim label may result in claims being delayed in the routing to appropriate staff.
- In six records, VSC staff did not enter direct deposit information when establishing the claim in electronic systems as required.³⁰ Failure to enter direct deposit information may cause unnecessary delays when processing actions to pay benefits.
- In four records, VSC staff did not input the correct date of claim in electronic systems. According to VBA claims establishment training, date of claim is a required entry when establishing a claim and serves as the basis for determining processing timeliness. As a result, these claims could affect data integrity and misrepresent VARO performance for pending workloads.

Generally, the processing errors occurred because of an inconsistent quality review process and incomplete training. We reviewed the checklist used to conduct internal quality reviews for claims assistants and found it did not include all actions required by claims assistants when establishing claims. Specifically, the checklist did not require the quality reviewer to determine if the claims assistant associated the correct claim label, special issue, and claimed issue classification with type when establishing claims in the electronic record.

²⁷ M21-1 Adjudications Procedures Manual, Part III, Subpart iii, Chapter 1, Section D, Topic 2 *Utilizing Contentions and Special Issue Indicators Associated with Claimed Issues*.

²⁸ *Ibid.*, Subpart ii, Chapter 3, Section D, Topic 2.c (Step 7), *Establishing Claims in VBMS*.

²⁹ M21-4, Appendix C. Index of Claim Attributes, Section 1.a, *Purpose of Claim Labels*.

³⁰ M21-1 Adjudications Procedures Manual, Part III, Subpart ii, Chapter 3, Section C, *Systems Updates* and M21-1 Adjudications Procedures Manual, Part III, Subpart ii, Chapter 3, Section D, Topic 2.c (Step 3), *Establishing Claims in VBMS*.

We interviewed VSC management with oversight responsibilities for staff establishing claims. An Assistant VSCM indicated that claims assistants should not be held accountable for the claim labels and classifications because of their minimal impact on the claims process and the ability of others to correct them during the life of the claim. The Assistant VSCM agreed that the outdated quality review checklist needed updating and that it should reflect actions that claims assistants are required to complete when establishing claims in electronic systems. In addition, two Intake Processing Center managers acknowledged using the checklist for internal quality reviews; however, one reported limiting system compliance issues on the checklist to those affecting claims. The other manager reported following the checklist more closely but indicated claims assistants' review errors should not be called unless they affect a veteran's entitlement to benefits.

We also reviewed the FY 2016 training plan for claims assistants, including attendance sheets and identified training gaps. The plan included the following topics: *Introductory Claims Establishment Procedures and EP Controls*, *Claim Attributes*, and *Date of Claim and EP*. We confirmed through training attendance sheets that claims assistants completed some of the required training, but none of the 55 claims assistants completed the required training in all areas. We also confirmed that not all claims assistants completed *Date of Claim and EP* training as required. Training records also showed that all claims assistants completed *Contention Classification Name Update* training, despite it not being listed on the FY 2016 plan.

The VSC staff we interviewed reported relying on internet searches and other staff when attempting to identify the correct claimed issue classification, rather than on VA medical terminology aids from the associated training. The Assistant VSCM reported claims assistants received training related to medical terminology but noted these employees may not understand these concepts. However, despite these employees receiving the majority of the required training, they continued to make errors when establishing claims. When VSC staff establish claims in the electronic record using inaccurate or incomplete information, the potential exists to misroute the claims within the NWQ and create processing delays.³¹

Recommendations

4. We recommended that the Winston-Salem VARO Director ensure management provides a consistent quality review process addressing all elements required when establishing claims in the electronic record.

³¹ Department of Veterans Affairs, Veterans Benefits Administration, National Work Queue, Phase 1, Playbook.

5. We recommended the Winston-Salem VA Regional Office Director ensure VSC staff receive all mandatory annual training on claims establishment procedures.

**Management
Comments**

The VARO Director concurred with our finding and recommendations, noting recognition of the importance of systems compliance upon claims establishment. In response to Recommendation 4, the Director acknowledged the significance of four errors associated with date of claim issues and their potential to affect veterans' benefits if not resolved prior to promulgation. The Director also referenced the remaining 20 errors identified by the OIG, which management stated were related to internal policies or procedures and did not affect distribution, workload management, or payment of benefits to veterans. The Director indicated that their quality review process uses a checklist, which provides a base for claims reviews in a consistent approach for completions along with expectations made with their supervisors, who will ensure that guidance from their manual is followed. Finally, the Director reiterated that the office recognizes the importance of systems compliance, especially as related to benefits payments, and will continue to conduct training and monitor staff through annual reviews.

To address Recommendation 5, the Director cited the FY 2017 training plan for claims assistants, which includes contention classifications and establishment procedures, and noted the office is on track for all required training to be completed by the end of FY 2017. The Director further stated that upon final report publication, the results of this report will be shared with claims assistants in a team meeting to ensure they understand the OIG findings. Finally, it was noted that training will be completed annually for all claims assistants in efforts to keep up with constant changes due to new requirements and for the office to remain vigilant regarding systems compliance. The VARO Director requested closure of Recommendations 4 and 5.

**OIG
Response**

The VARO Director's comments and actions adequately addressed our recommendations; however, we consider Recommendations 4 and 5 open until the VARO Director provides training documentation and evidence of implementation. We will continue to follow up with these recommendations as appropriate.

IV. Public Contact

Finding 4 **Winston-Salem VSC Staff Needed To Improve the Processing of Special Controlled Correspondence**

Winston-Salem Congressional Liaison staff needed to improve the processing of special controlled correspondence. We randomly selected and reviewed 30 special controlled correspondence inquiries to determine whether liaison staff provided accurate and timely responses. On average, liaison staff took 25 days to send final responses to 26 of the 30 inquiries we reviewed. Generally, processing errors occurred because of a lack of proper oversight of liaison staff's work by the VSCM and the Public Contact Team Coach (team coach). In addition, the VSCM, the team coach, and liaison staff did not understand the VBA policy requirements when processing controlled correspondence. Furthermore, liaison staff did not receive adequate training on processing the correspondence. As a result, these errors may affect the VSC's data integrity and the established relationships with congressional stakeholders.

VBA Policy Related to Special Controlled Correspondence

Special controlled correspondence is mail requiring expedited processing, control, and response. Examples of special correspondence include mail received from the White House, members of Congress, national headquarters of service organizations, and private attorneys. VBA policy requires the VARO Director or the VSCM to establish a specific tracking code for all special correspondence.³² Staff are required to send an acknowledgement letter within five business days after receipt in the VARO if they cannot provide a full response.³³

Furthermore, according to VBA policy, all correspondence generated by VA must provide complete, accurate, and understandable information.³⁴ In addition, VARO staff must file these documents in claims folders or upload them into electronic folders.³⁵

Review of VARO Processing of Special Correspondence

We randomly selected and reviewed 30 of 1,784 special controlled correspondences (2 percent) completed from July 1 through September 30, 2016. We found liaison staff provided accurate responses when processing the correspondence inquiries. However, 14 of the 30 controlled correspondence inquiries reviewed did not comply with VBA policy. In addition, liaison staff took an average of 25 days to complete 26 of the 30 inquiries we reviewed. Overall, the 14 special controlled correspondences we reviewed accounted for a total of 19 errors, as some

³² M21-4, Appendix B, Section II, *EPs - Compensation, Pension, and Fiduciary Operations*.

³³ M27-1 Benefits Assistance Service Procedures, Part I, Chapter 5, Topic 3, *Acknowledging Correspondence*.

³⁴ *Ibid.*, Topic 1, *General Guidance for Processing Correspondence*.

³⁵ M21-1 Adjudication Procedures Manual, Part III, Subpart ii, Chapter 1, Section B, Topic 2, *Handling Incoming Mail*.

responses contained multiple errors. Although the VSCM did not agree with all our assessments, they reported that changes were made based on our findings as to how liaison staff process the responses and training was provided. Summaries of the 19 errors follow.

- In 13 instances, liaison staff did not associate the U.S. Congressmen's congressional inquiries with the electronic claims folders as required.
- In four instances, liaison staff did not send final responses to congressional inquiries as required. On average, at the time of our review, it took VSC staff 25 days to respond to the remaining 26 congressional inquiries.
- In two instances, liaison staff did not send interim responses acknowledging receipt of congressional inquiries within five business days as required. On average, it took liaison staff 21 days to respond—ranging from 12 to 29 days.

Generally, the processing errors occurred because of inadequate oversight by the VSCM and the team coach, and the lack of a standardized training program. Interviews with the VSCM and the team coach revealed they were unaware that Congressional Liaisons were not performing all the requirements when processing special controlled correspondence. Liaison staff did not follow VBA policy that requires uploading documents related to the correspondences or sending interim and/or final letters to the members of Congress. The VSCM, the team coach, and liaison staff reported during interviews that VBA policy was confusing and unclear—particularly on which documents are required to be uploaded into the claimants' electronic records. This was because they reportedly believed internal written notes were sufficient. However, following our review, the VSCM noted they would seek additional clarification from VBA's Central Office regarding which documents are required to be uploaded into the electronic system. The team coach also reported they were not aware of any quality errors regarding the liaisons' processing of the special controlled correspondence.

Furthermore, the liaison staff interviewed reported they would like to see standardized training on processing special controlled correspondence. Liaison staff stated that they do not have any written standards of procedures on processing the correspondence, but rather received informal on-the-job training. Staff reportedly felt this type of training was inadequate because those who have been at the job longer performed the training and would teach using personal scenarios rather than through a structured training class. Liaison staff also reported they received informal training during team huddles or through emails but this caused confusion among the team. Staff reported they would like to see a national standardized training program implemented because of the NWQ. Staff reportedly feel standardized training would ensure employees nationwide would process the special controlled correspondence more consistently. Based on our findings, the

VSCM stated that liaison staff received training, and the team coach stated that training would continue during team huddles. As a result, these errors may affect the VSC's data integrity. In addition, the errors could affect established relationships with congressional stakeholders.

Recommendations

6. We recommended the Winston-Salem VA Regional Office Director implement a plan to ensure the Public Contact Coach and Congressional Liaisons adhere to Veterans Benefits Administration policy when processing special controlled correspondence.
7. We recommended the Winston-Salem VA Regional Office Director provide standardized training to Congressional Liaisons on processing special controlled correspondence.

Management Comments

The VARO Director concurred with our finding and recommendations. In response to Recommendation 6, the Director reported the Public Contact Coach and the Congressional Liaisons implemented new processes to include uploading all required documents associated with staffers' inquiries into VBMS' documents versus VBMS notes. To address Recommendation 7, the Director reported the Public Contact Coach conducted training on Special Controlled Correspondence with the Liaisons on June 21, 2017. Furthermore, ongoing training sessions with Congressional Liaisons will be scheduled whenever changes and/or updates to *M27-1, Special Controlled Correspondence* are received, or when errors are noted. The VARO Director requested closure of Recommendations 6 and 7.

OIG Response

The VARO Director's comments and actions are responsive to our recommendations; however, we consider Recommendations 6 and 7 open until the VARO Director provides training documentation, support for new processes, and evidence of implementation. We will continue to follow up as deemed appropriate.

Appendix A Scope and Methodology

Scope and Methodology

In December 2016, we evaluated the Winston-Salem VARO to see how well it provides services to veterans and processes disability claims. We reviewed selected management, claims processing, and administrative activities to evaluate compliance with VBA policies regarding benefits delivery and nonmedical services provided to veterans and other beneficiaries. We interviewed managers and employees, and reviewed veterans' claims folders.

We reviewed 30 of 3,222 veterans' disability claims related to TBI (1 percent) that the VARO completed from April 1 through September 30, 2016. We reviewed 30 of 146 veterans' claims available for review involving entitlement to SMC and related ancillary benefits (21 percent) completed by VARO staff from October 1, 2015 through September 30, 2016. In addition, we reviewed 30 of 1,180 completed claims (3 percent) that proposed reductions in benefits from July 1 through September 30, 2016. Furthermore, we reviewed 30 of 4,060 pending rating claims (1 percent) selected from VBA's corporate database established in September as of October 1, 2016. Finally, we reviewed 30 of 1,784 special controlled correspondence (2 percent) completed from July 1 through September 30, 2016.³⁶

Data Reliability

We used computer-processed data from the Veterans Service Network's Operations Reports and Awards. To test for reliability, we reviewed the data to determine whether any data were missing from key fields, included any calculation errors, or were outside the time frame requested. We also assessed whether the data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements. Furthermore, we compared veterans' names, file numbers, Social Security numbers, VARO numbers, dates of claim, and decision dates as provided in the data received with information contained in the 150 claims folders we reviewed. Our December 2016 review contained data testing related to TBI and SMC and ancillary benefits claims, as well as proposed rating reductions, systems compliance, and special controlled correspondence. Our testing of the data disclosed that they were sufficiently reliable for our inspection objectives. Our comparison of the data with information contained in the veterans' claims folders reviewed in conjunction with our inspection of the VARO did not disclose any problems with data reliability.

Inspection 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*.

³⁶ During the inspection, while determining our sample size of 30 claims, we determined some claims were outside of the scope of our review; therefore we modified the universe of claims to reflect this number.

Appendix B Management Comments

Department of Veterans Affairs Memorandum

Date: September 14, 2017

From: Director, VA Regional Office Winston-Salem, North Carolina

Subj: Inspection of the VA Regional Office, Winston-Salem, North Carolina

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

1. The Winston-Salem VARO's comments are on Attachment 1 on the OIG Draft Report: *Inspection of the VA Regional Office, Winston-Salem, NC*.

a. Attachment 2: RVSR SOP for Second Signature Requirements

b. Attachment 3: Agency Comments

2. Please Refer questions to Veterans Service Center Manager, Kimberley Schillhammer at 336.251.0727

(Original signed by:)

MARK M. BILOSZ
Director

Attachment

**WINSTON-SALEM REGIONAL OFFICE (318)
COMMENTS ON OIG DRAFT REPORT**

OIG Recommendations:

Recommendation #1: We recommended the Winston-Salem Regional Office Director develop and implement a plan to monitor the effectiveness of training on higher-level special monthly compensation and ancillary benefits claims at the Winston-Salem VA Regional Office.

Winston-Salem Regional Office (RO) Response: Concur

Action: The Winston-Salem Regional Office (WSRO) conducted training for employees related to special monthly compensation (SMC) and ancillary benefits in the second and third quarters of FY17. A revised standard operating procedure (SOP) for second signature with expected implementation of October 1, 2017 will allow tracking of second signature claims to allow WSRO to provide targeted individual and position based training during FY18. This data will also be analyzed as part of the Quality Review Team (QRT) Systematic Analysis of Operations (SAO) required in M21-4 in FY18.

Target Completion Date: Winston-Salem RO Requests closure of Recommendation #1

Recommendation #2: We recommended the Winston-Salem VARO Director develop and implement a plan to ensure secondary reviewers accurately evaluate higher-level special monthly compensation and ancillary benefits claims at the Winston-Salem VA Regional Office.

Winston-Salem Regional Office (RO) Response: Concur

Action: Response: The WSRO has established a standard operating procedure (SOP) – *RVSR Second Signature Requirements* (see Attachment 2) – for claims requiring concurrence prior to promulgation with the objective of improving overall accuracy, as well as that of higher level SMC and claims for ancillary benefits. This SOP is based on directives outlined in the Manual Reference (M21-1 III.iv.6.D.7.d-e), with the intent to provide concurrence review of a rating action to ensure compliance with regulation, policy, and procedure. This SOP is in current negotiations with the American Federation of Government Employees, regarding the impact and implementation of said SOP. The WSRO has been following the negotiation with AFGE and expect to implement the revised SOP by October 1, 2017.

Target Completion Date: Winston-Salem RO Requests closure of Recommendation #2

Recommendation #3: We recommended the North Atlantic District Director implement a plan to ensure oversight and prioritization of proposed rating reduction cases at the Winston-Salem VA Regional Office.

VBA Response: VBA provides oversight and prioritization of proposed rating reduction cases at the national level. As of April 9, 2017, all Regional Offices receive a daily distribution of actionable due process work that is either priority - homeless, terminally ill, etc. - or our oldest pending claims. Nationally, Regional Offices are held to a standard that all work must be completed on a claim that is distributed within an average of five days. Regional and District Office leadership, as well as the Office of Field Operations, routinely monitor stations performance related to the average five day Time In Queue (TIQ) standard. Since NWQ began managing distribution of EP600s (due process EPs), timeliness of these claims improved by 30 days. VBA will continue to monitor the improvements in EP600 timeliness and make prioritization adjustments as necessary.

Target Completion Date: VBA requests closure of Recommendation #3.

Recommendation #4: We recommended that the Winston-Salem VARO Director ensure management provides a consistent quality review process addressing all elements required when establishing claims in the electronic record.

Winston-Salem Regional Office (RO) Response: Concur in Principle

Action: Response: The WSRO recognizes the importance of systems compliance upon claims establishment, and conducted training on claims establishment during the third quarter of FY17. Of the errors identified by OIG, the WSRO concurred fully with only four, those which were date of claim issues, with the potential to impact Veterans benefits if not resolved prior to promulgation. The twenty other errors identified by OIG were related to internal policies or procedures, and did not impact workload management, National Work Queue (NWQ) routing, or payment of benefits to the Veteran. Furthermore, QR procedures utilize a checklist which provides a base for claims reviews in a consistent approach for completions along with expectations made with our supervisors. Our supervisors will ensure we follow the guidance in:

- M21-1 Adjudications Procedures Manual, Part III, Subpart iii, Chapter 1, Section D, Topic 2 *Utilizing Contentions and Special Issue Indicators Associated with Claimed Issues*.
- M21-1 Adjudications Procedures Manual, Part III, Subpart ii, Chapter 3, Section D, Topic 2.c (Step 7), *Establishing Claims in VBMS*.
- M21-4, Appendix C. Index of Claim Attributes, Section 1.a, *Purpose of Claim Labels*.
- M21-1 Adjudications Procedures Manual, Part III, Subpart ii, Chapter 3, Section C, *Systems Updates* and M21-1 Adjudications Procedures Manual, Part III, Subpart ii, Chapter 3, Section D, Topic 2.c (Step 3), *Establishing Claims in VBMS*.

The WSRO recognizes the importance of systems compliance, especially as related to benefit payments, and will continue to conduct training and monitor systems compliance through annual reviews.

Target Completion Date: Winston-Salem RO requests closure of Recommendation #4

Recommendation #5: We recommended the Winston-Salem VA Regional Office Director ensure VSC staff receives all mandatory annual training on claims establishment procedures.

Winston-Salem Regional Office (RO) Response: Concur

Action: Response: The WSRO has attached the FY17 training plan for Claims Assistants and is on track for all required training to be completed by the end of Fiscal Year 2017. This training includes contention classifications, and establishment procedures. In addition, when this report is finalized, the results will be shared with the Claims Assistants in a team meeting, to ensure they understand the OIG findings.

Training will be completed annually for all Claims Assistants, as changes occur on a regular basis. This training is vital in our need for keeping up with the constant changes due to new requirements and is critical for us to remain vigilant regarding systems compliance.

Target Completion Date: Winston-Salem RO requests closure of Recommendation #5

Recommendation #6: We recommended the Winston-Salem VA Regional Office Director implement a plan to ensure the Public Contact Coach and Congressional Liaisons adheres to Veterans Benefits Administration policy when processing special controlled correspondence.

Winston-Salem Regional Office (RO) Response: Concur in Principle

Action: In response to the OIG review, the Public Contact Coach and Congressional Liaisons have implemented new processes to include uploading copies of all staffer inquiries, follow-up emails, interim responses, and formal responses as documents within VBMS documents (versus VBMS notes), to include specified category type and with appropriate subject.

Please note that requests receive an interim response within a day of receipt, to include follow-up requests on prior inquiries which already received a formal response. Previously, the WSRO interpreted the guidance in M27-1 pertaining to follow up inquiries on previously resolved responses as not required to be uploaded to the e-folder and that VBMS notes were sufficient.

The Congressional Liaisons staff, PCT Supervisors, as well as the WSRO Leadership Team, have collectively continued to strengthen and enhance the wonderful working relationship with the Congressional Staffers and other Congressional Stakeholders. The PCT Supervisors and the WSRO Leadership are intentional about providing frequent updates on issues that affect their constituents; provide outreach support for various congressional events throughout the state; and conduct congressional benefit training seminars. These relationships are invaluable and the WSRO is pleased to continue to support and cultivate these relationships, and has received feedback that our Congressional offices are pleased with engagement with them.

Target Completion Date: Winston-Salem RO requests closure of Recommendation #6

Recommendation #7: We recommended the Winston-Salem VA Regional Office Director provide standardized training to Congressional Liaisons on processing special controlled correspondence.

Winston-Salem Regional Office (RO) Response: Concur

Action: In addition to routine communications about proper procedures and practices, the WSRO PCT Coach conducted a training session with Congressional Liaisons to ensure consistent understanding of the required process, on June 21, 2017. The training session was titled "M27-1, Special Controlled Correspondence". On-going training sessions with the Congressional Liaisons will be scheduled whenever changes and/or updates to "M27-1 Special Controlled Correspondence" are received, or when errors are noted; which will ensure that continued consistency is shown among all WSRO Congressional team members.

The Congressional Team continues to complete VA and BAS mandated training sessions as scheduled. Winston-Salem will also contact other VBA Regional Offices to find out what specific resources, if any they have provided their Congressional teams in order to fulfil their requirement for "standardized training" although it is noted that many offices have differing local procedures for Congressional correspondence. Once that information is compiled, Winston-Salem will develop a specialized curriculum that enhances and their current skills.

Target Completion Date: Winston-Salem RO requests closure of Recommendation #7

<p><i>For accessibility, the format of the original memo has been modified to fit in this document.</i></p>

Appendix C **OIG Contact and Staff Acknowledgments**

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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Acknowledgments	Nora Stokes, Director Tyler Hargreaves Kerri Leggiero-Yglesias Mary Shapiro Nelvy Viguera Butler Mark Ward
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Appendix D Report Distribution

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