

APPENDIX A. POSITION DESCRIPTION

A1. Veterans Service Representative (VSR)

The Veterans Service Representative (VSR) serves as the primary contact for the veteran and his/her representative or advocate and the decision maker for compensation and pension claims. The Veterans Service Representative explains benefit programs and entitlement criteria, conducts interviews, identifies issues, gathers relevant evidence, adjudicates claims, may prepare and sign "simple" rating decisions for review and approval by a RVSR, authorizes payments for cases that do not require rating decisions, and inputs data necessary to generate the award and notification letter to the veteran describing the decision and the reason for it. The Veterans Service Representative possesses the knowledge and skills (affirmed by certification) to perform a full range of duties that include:

1. Conducting interviews in person or by telephone with veterans, eligible individuals, representatives, and advocates. The incumbent explains the full range of VA benefits and all related programs (including disability and death compensation and pension programs, education, vocational rehabilitation, and other related entitlements, small or disadvantaged business utilization, VA health care, home loan guaranty program, life insurance, general Social Security Administration benefit programs, federal and state laws relating to domestic relations, and federal, state, and local assistance programs). The VSR assists claimants with completion of the application and other forms.
2. Analyzing the claim and initiating action to obtain all required evidence to support the claim or providing information to claimants to secure their assistance in obtaining it. The incumbent monitors the claim to eliminate unnecessary delays in receiving needed evidence.
3. Adjudicating the claim and authorizing the full payment of benefits as entitled by law, where no rating decision is required. The Veterans Service Representative is fully accountable for proper analysis, appropriate development, and final authorization determinations. The VSR may fully develop, prepare, and sign "simple" rating decisions for the review and approval of a RVSR.
4. Utilizing electronic data processing (EDP) technology to input data, generate awards, and correspondence informing the claimant and any representative/advocate of the decision and the basis for the action taken (e.g., award, termination, amendment, or disallowance).
5. Explaining a final decision if a veteran expresses an indication of dissatisfaction with a determination (filed in person, by telephone, or by mail). The VSR will explain the decision in question in an effort to gain acceptance of the determination. The VSR will also explain the post-decision review process.

6. Making administrative decisions and special determinations relating to qualifying military service, character of discharge, domestic relations, homicide, presumed death, line of duty, or willful misconduct, corpus of estate, and violations of U.S. Penal Code.
7. Determining eligibility for clothing and automobile allowances, issuing the certificate for loan guaranty. Making determinations relative to VA hospitalization, outpatient treatment, institutional or domiciliary care, and basic eligibility for vocational rehabilitation.
8. Preparing correspondence to members of Congress and special interest groups on case assignments.
9. Communicating with veterans and representatives/advocates, employees of VA medical centers, other ROs, Central Office, other federal/state/local agencies, lending institutions, and educational institutions in support of efforts to assist veterans.
10. Authorizing the work of VSRs who are in transition to the full performance level; mentoring and training other Veterans Service Representatives and actively participating in meetings.
11. Serving as a member of the Committee on Waivers and Compromises, as assigned.

Knowledge Required By The Position:

Knowledge of Veterans Benefits Administration's philosophy, objectives, identified outcomes, and the provisions of all laws administered by the Department of Veterans Affairs and their relationship to other related programs.

Broad and detailed knowledge of federal laws pertaining to compensation and pension and VA regulations and procedures which implement these laws including M21-1 and M27-1, to accurately adjudicate and authorize claims.

General knowledge of other related benefits; i.e., education, vocational rehabilitation, loan guaranty, life insurance, and VA health care, as well as related programs including small or disadvantaged business utilization, general Social Security Administration benefit programs, and other federal, state, and local programs that affect veterans to offer counseling about benefit options available to veterans or eligible individuals.

Knowledge of electronic data processing (EDP) systems including benefits delivery network (BDN) and its successor (VETSNET), WANG/MS Exchange, and PC-based programs to utilize rules-based claims processing, monitoring, and correspondence preparation.

Knowledge of state laws involving dependency status, social services programs, Medicaid, special income-based local, state, and federal programs.

Knowledge of the Privacy Act and Freedom of Information Act requirements for release of information to requesters.

General knowledge of legal opinions from the Court of Veterans' Appeals (COVA), the Board of Veterans' Appeals (BVA), and state and federal courts having a relationship to VA programs.

Lay medical knowledge to include anatomy sufficient to facilitate sound adjudicative/award and "simple" rating decisions.

Skill in conducting professional interviews that yield the necessary data essential to make a proper decision on a claim, provide correct benefit information to claimants, and foster a positive relationship between the veteran and representative/advocate and VSR.

Skill in written communication to inform claimants of evidence requirements, the decision, the reason and bases for it, and appellate rights.

Ability to evaluate evidence and allegations and draw sound conclusions.

Ability to work in a team environment.

Supervisory Controls:

Duties and work assignments are performed under the general supervision of the Veterans Service Center Manager, Assistant Manager, or other supervisory official. Day-to-day technical/administrative guidance is available from a Supervisory VSR or Team Leader/Coach. The Veterans Service Representative works independently to manage claims' workload using judgment, guidelines, and EDP-support technology. The Veterans Service Representative has final signatory authority to award, terminate, amend, or disallow benefits on all claims to include difficult and complex cases, when a rating decision is not required.

Guidelines:

Guidelines include laws and supporting regulations, agency policies, EDP rules-based technology, procedural requirements of the various social insurance and special and supplemental security income programs. These guides are numerous, extensive, and complex. The incumbent must decide between alternative guidelines and must interpret applicable provisions. The Veterans Service Representative must exercise a high degree of independent judgment, skill, and initiative in adapting guidelines and procedures to individual case circumstances.

Complexity:

The work requires a comprehensive and thorough knowledge base to explain programs, elicit claims, determine initial and continuing disability benefits, and the reconsideration of initial and post-entitlement decisions. The Veterans Service Representative analyzes substantive issues

HUMAN RESOURCES TEAM REPORT

or procedural matters in each case ranging from routine to complex, in order to determine required action. The Veterans Service Representative weighs all relevant factors against controlling policies and regulations in order to reach a sound conclusion. The Veterans Service Representative makes final determinations on all claims which do not require a rating decision.

Scope And Effect:

The work is vital to the processes through which the agency directly informs and serves the public. Conclusions reached and the decisions made are normally binding on both the agency and the claimant. The decisions by the Veterans Service Representative can result in award decisions involving the expenditure of large sums of money or denials which can have major adverse consequences for an applicant. They may also affect the applicant's eligibility for Medicaid protection, social services, food stamps, and other forms of income assistance.

Personal Contacts:

Areas of program coverage are general and all segments of the general public may be encountered as potential veteran applicants, beneficiaries, and designated representatives. Contacts are made with other agencies and institutions providing other payments and services. Personal and telephone contacts also occur with other VA employees, other government employees, and congressional affairs staff.

Purpose Of Contacts:

Contacts with veterans or advocates/representatives are made to explain the programs and to elicit information upon which entitlement, post-entitlement, and reconsideration decisions are made. Contacts with other agencies and institutions may involve negotiating to obtain information or to represent a claimant's needs or rights to payment or services. Much of the eligibility information is acquired through interviews conducted which may involve probing of very personal and/or sensitive situations. The Veterans Service Representative must also be able to satisfactorily explain complex rules and requirements to individuals who may be hostile, uncooperative, antagonistic, fearful, concealing information, mentally ill, and possibly dangerous. The Veterans Service Representative must control the interview and keep it on track to orchestrate the desired objective.

Physical Demands:

The work normally involves mental rather than physical exertion. The work is mostly sedentary.

Work Environment:

Most work is performed under common business office conditions at the RO. Occasionally, an applicant or caller may become upset, unruly, or threatening. In these cases, the incumbent must exercise good judgment and professional demeanor in attempting to calm the situation.

POSITION EVALUATION REPORT

Classification Title, Series, and Grade: Veterans Claims Examiner, GS-996-11
(Currently allowed by the system)

Organizational Title: Veterans Service Representative, GS-996-11

Organization: Department of Veterans Affairs, Veterans Benefits
Administration, RO, Veterans' Service
Center

Position No.: (Locally assigned)

Standards Used: Social Insurance Administration Series, GS-105
Contact Representative Series, GS-962
Veterans Claims Examining Series, GS-996

Background: In 1996, Veterans Benefits Administration's (VBA's) Business Process Reengineering (BPR) team identified a new vision for claims processing. One of the fundamental changes calls for redesigned core processes performed by a single Veterans Service Representative (VSR). This position description the enhanced duties and responsibilities under the newly designed processes.

Introduction: The VSR position replaces present VBA positions of Claims/Development Clerk, Contact Representative (Veterans Benefits Counselor), Veterans Claims Examiner, Senior Veterans Claims Examiner, and Rating Technician/Analyst. The VSR will have ownership of each claim to which he or she is assigned, forge a partnership with the veteran and his/her advocate, and be accountable for his or her decisions and actions. This position description is intended as a benchmark position description to be used VBA-wide on full implementation of the BPR vision.

Title And Series Determination: The Series identified above were considered to determine the proper title and series for the position under review. The primary purpose for which the position exists is to explain benefit programs and entitlement criteria, conduct interviews, identify issues, gather evidence, adjudicate the claim and authorize payments for cases that do not require rating decisions (most claims involving rating decisions are transferred to a RVSR), or prepare and sign "simple" rating decisions for review and approval by a RVSR. These duties are contained in both the Veterans Claims Examining, GS-996 and Contact Representative, GS-962 Series. The GS-105 Series includes positions that involve managing, supervising, or performing work concerned with the administration or operation of national social insurance and needs-based benefit programs similar to those found in VA. Sound classification principles

require that a position be classified to the series which is most closely related to the work covered by an occupational series. While the type of duties and responsibilities under the GS-105 Series closely align to those required by a VSR, the existence of the Veterans Claims Examining Series, GS-996 and Contact Representative Series, GS-962, albeit outdated (1963 and 1971), preclude assignment to the GS-105 Series. The qualifications required for claims examining are materially higher than those required for personal and public contact work; therefore, the GS-996 Series was determined to be the proper series for classification purposes. Currently, the record keeping system is programmed to record the title Veterans Claims Examiner for this Series. The BPR Team identified the title for the enhanced position as Veterans Service Representative; therefore, a new title will be required in the personnel and payroll recordkeeping system (PAID-OLDE/PAYVA). This position is determined to be properly titled and assigned: Veterans Service Representative (VSR), GS-996.

Grade Determination: The position description was written in the Factor Evaluation System (FES) format because this format includes sufficient information to allow classification of a position using either a narrative or FES standard. The narrative Veterans Claims Examining and Contact Representative Series will be used to determine grade. As well, grade determination will be validated by cross-reference to the 1993 Social Insurance Administration Series, GS-105, which describes types of duties and responsibilities that closely correlate to the work of a VSR.

Veterans Claims Examining and Contact Representative Series: Both these narrative format Series utilize two factors: Nature of Claims/Contacts and Authority Vested or Level of Responsibility to determine grade.

As described, the VSR position includes claims processing duties and responsibilities that clearly match the nature of work descriptions at the GS-11 level. At this level, VSRs are expected to adjudicate and authorize the full range of claims involving unusually complex or novel issues (e.g., character of discharge, domestic relations, homicide, presumed death, line of duty, willful misconduct, and violations of U.S. Penal Code). Additionally, the VSR authorizes the full payment of benefits as entitled by law, where no rating decision is required. The VSR may also prepare and sign "simple" ratings for review and approval by a RVSR. This level of authority also aligns with the standard at the GS-11 level. The GS-9 level in the standard was reviewed; however, it was determined to be inappropriate because payment of benefits based on adjudication typically occurs only after technical review and approval of the determination by an authorizer. The VSR's authority as outlined in the position description clearly exceeds the GS-9 authority level in the standard.

The VSR's responsibility for personal contacts with the veteran and his/her advocate or representative take on increased importance for redesigned claims processing. The VSR must possess a comprehensive knowledge base to provide correct benefit information to claimants and possess professional interviewing skills that can focus issues to yield the necessary data to make a proper decision on a claim. At the GS-9 grade level the incumbent provides information on the full range of benefits and related programs and is responsible for other benefit coordination contacts. This accurately describes the nature of contacts envisioned for the VSR. The level of responsibility assigned the VSR is equivalent to the description at the GS-9 level in the Contact

Representative Standard. At this level, in addition to possessing knowledge and understanding of his or her own agency goals and identified outcomes, the VSR must be knowledgeable of other related agency operations and programs that facilitate effective claims development and that may provide additional resources for a claimant. Key to the reengineered claims process is the personal contact responsibilities which must focus issues, inform claimants of evidence requirements, the decision, the reason and bases for it, and appellate rights.

The claims examining component of this position was evaluated at the GS-11 level and the personal and public contact component at the GS-9 level. While both are equally important for the VSR, the claims examining component represents the primary work and the paramount qualifications required to hold this position and, consequently, is grade controlling. Therefore, evaluation using the 1963 claims examining and 1971 contact representative narrative standards, results in a tentative grade of GS-11.

As noted above, the Social Insurance Administration Series, GS-105, dated April 1996, describes duties, responsibilities, knowledge, and abilities that closely parallel those required of a VSR. A cross-comparison will be accomplished to validate the tentative grade determination reached by use of the narrative standards above. Factor Evaluation System point assignment and narrative comments follow:

<u>Evaluation Factors</u>	<u>Points Assigned</u>	<u>Standards Used</u>	<u>Comments</u>
1. Knowledge Required by the Position	1250	FLD 1-7	See Below
2. Supervisory Controls	450	FLD 2-4	See Below
3. Guidelines	275	FLD 3-3	See Below
4. Complexity	225	FLD 4-4	See Below
5. Scope and Effect	150	FLD 5-3	See Below
6. Personal Contacts	75	FLD 2	See Below
7. Purpose of Contacts		FLD b	
8. Physical Demands	5	FLD 8-1	
9. Work Environment	5	FLD 9-1	
Total Points Assigned	2435		
Grade Conversion	GS-11		

Factor 1 - Knowledge Required by the Position: Factor Level Description (FLD) 1-7 is assigned. FLD 1-6 was not selected, because at this level, while the incumbent is comprehensively knowledgeable of laws, regulations, policies, and procedures to adjudicate entitlement to benefits and related programs, he or she is not responsible for the approval or authorization of benefits. As well, FLD 1-8 was not selected, because at that level, the incumbent is the recognized technical expert who resolves issues of dissatisfaction involving claimants and/or their advocates or representatives. While the VSR is expected to provide complete information concerning the adjudication and or approval of a claim for benefits to gain acceptance of the decision, he or she is not the final authority for resolving issues of dissatisfaction. FLD 1-7 accurately reflects the knowledge, skills, and level of responsibility for both adjudication and authorization expected of the VSR. Points assigned = 1250

Factor 2 - Supervisory Controls: FLD 2-4 is assigned. This factor provides only two possibilities 2-3 and 2-4. At both levels, the supervisor sets the overall objectives and employees independently carry out designated assignments. At FLD 2-3, the incumbent determines benefits eligibility and entitlement, develops evidence, and "prepares justifications" for award, termination, amendment, or disallowance; however, the incumbent is not responsible for authorization or approval. FLD 2-4 describes claims processing that more appropriately aligns with that envisioned for the VSR. Claims go directly to the VSR, the VSR plans and carries out assignments, determines the methods and contacts, and the VSR independently approves or authorizes claims not involving a rating decision. Also, at FLD 2-4, work products may be sampled to discern trends and effectiveness in meeting organizational goals. This is consistent with the process envisioned for certification and recertification for the full performance level VSR position. Points assigned = 450.

Factor 3 - Guidelines: FLD 3-3 is assigned. The other available FLD 3-4 is more appropriately assigned to the "expert" who must interpret guidelines that are broadly stated and/or who resolves reconsiderations or notices of dissatisfaction. Points assigned = 275.

Factor 4 - Complexity: FLD 4-4 is assigned. Factor 4-3 was considered but not assigned, because it indicates that the work is relatively straightforward and consists of examining documentation, evaluating if all requirements are satisfied, determining entitlement, and arriving at a decision concerning the types and amount of benefits that are applicable. Some of the VSR's work may be straightforward, but it also involves features that complicate the work including unusual circumstances or events in the lives of claimants which can be problematic. The degree of complexity found in the subject description is consistent with the narrative at FLD 4-4. At this level, work includes gathering and assessing conflicting information, identifying issues, sorting out the elements contributing to complications, and arriving at decisions that resolve problems. FLD 4-5 was not considered as it more appropriately deals with overlooked issues and innovative analyses to resolve disputes. This is not the role of the VSR. Points assigned = 225.

Factor 5 - Scope and Effect: FLD 5-3 is assigned. At this level, the purpose of the work is to analyze, evaluate, adjudicate and/or authorize cases; and prepare and sign "simple" rating decisions for review and approval, using established criteria. Decisions result in determining

entitlement and granting, terminating, amending, or denying benefits. This is consistent with the purpose and impact of the VSR's work. FLD 5-4 was judged inappropriate because at this level the work involves resolving cases that exclusively contain unusual issues or situations similar to duties involved with rating activity. Points assigned = 150.

Factor 6 and 7 - Personal Contacts and Purpose of Contacts: Factor 2b is assigned. Contacts are with employees of the agency; veterans, their advocates, representatives, physicians, attorneys; and federal, state, local government employees. At this level, the purpose of contacts is to question individuals in order to obtain information to make decisions on claims and counsel them on acceptable kinds and sources of evidence to support claims. Employees clarify conflicting information through probing interviews to determine the validity of statements and evidence. Although the goals of the persons contacted are essentially similar to those of the VSR, the contacts may become less cooperative or confrontational when information or a determination is in question. Points assigned = 75.

Factors 8 and 9 - Physical Demands and Work Environment: Only one FLD is possible — FLD 8-1 and 9-1, respectively.

Conclusion: Evaluations under both the narrative and FES formats resulted in a grade level determination of GS-11. This position is determined to be properly classified as Veterans Service Representative, GS-996-11.

A2. Rating Veterans Service Representative (RVSR)

The Rating Veterans Service Representative (VSR) serves as a specialist and decision maker for claims involving rating issues. Working in concert with the team VSR, the RVSR may receive cases developed by the VSR by transfer or directly by assignment. As needed, the Rating VSR will contact the veteran and his/her representative or advocate to clarify or explain benefit programs and entitlement criteria, conduct interviews, identify issues, gather relevant evidence, adjudicate claims by application of the rating schedule and approve payments, and input data necessary to generate the award and notification letter to the veteran explaining the decision and the reasons and bases for it. The RVSR possesses the knowledge and skills (affirmed by certification) to perform a full range of duties that include:

1. As required by circumstances of each case, the Rating VSR conducts interviews in person or by telephone with veterans, eligible individuals, representatives, and advocates to obtain or clarify information. The Rating VSR explains the full range of VA benefits disability compensation, pension, dependency and indemnity compensation. As determined necessary, the Rating VSR may provide general benefit and entitlement information concerning VA health care, prosthetic appliances, vocational rehabilitation, education, and home loan guaranty program, life insurance, general Social Security Administration benefit programs, federal and state laws relating to domestic relations, and federal, state, and local assistance programs.
2. The Rating VSR analyzes claims to determine:
 - a. if diseases and injuries were incurred in or aggravated by the military service in the line of duty for purposes of compensation, hospital and outpatient treatment, prosthetic appliances, vocational training, and related employment and compensation benefits such as eligibility to monthly allowance for children with spina bifida. As needed, the RVSR obtains all required evidence to support the claim or provides information to claimants to secure their assistance in obtaining it. The incumbent monitors the claim to eliminate unnecessary delays in receiving needed evidence.
 - b. if claimant's disability was incurred in the line of duty or due to individual willful misconduct or vicious habits for purposes of compensation, dependency, and indemnity compensation, or pension.
 - c. a need for examination, reexamination, and hospitalization for observation and evaluation of veterans and their dependents and the type of such examination or reexamination.
 - d. competency of veterans, their dependents, and beneficiaries, and the permanent incapacity of children, spouse or surviving spouse, for self-support as well as testamentary capacity for insurance purposes.

- e. eligibility for various other benefits and purposes such as unemployment, civil service preference, burial allowance benefits, appointment to a service academy, housing preference, death gratuity entitlement, educational assistance under Chapter 35, discharge of liability for educational loan, extended delimiting dates, and length of service requirements.
5. The RVSR determines service-connection, percentage of disability, permanent and total disability, and entitlement to compensation, pension, and vocational training, medical and dental treatment, automobiles or other conveyances, specially adapted housing, and insurance.
6. The RVSR assures proper application of the rating schedule and other applicable instructions, and he or she is fully accountable for proper analysis, appropriate development, and final rating determinations.
7. The RVSR utilizes electronic data processing (EDP) technology to obtain evidence and/or generate awards and notification letters informing the VSR or the claimant and any representative/advocate of the decision, the reason and bases for the action taken (e.g., award, termination, amendment, or disallowance), and appellate rights.
8. If a veteran expresses an indication of dissatisfaction with a determination (filed in person, by telephone, or by mail), the RVSR will provide consultative advice and assistance as requested by the assigned VSR or the DRO to facilitate efforts to provide a full and comprehensive explanation of the decision in question and gain acceptance of the determination.
9. The RVSR may prepare correspondence to members of Congress and special interest groups on case assignments.
10. The incumbent communicates with VSRs and other employees in the RO, employees of VA medical centers, and other ROs. As required, the RVSR communicates with veterans and representatives/advocates, Central Office, and other federal/state/local agencies, in support of efforts to assist veterans.
11. The RVSR mentors Veterans Service Representatives and actively participates in meetings.
12. The RVSR provides orientation and training to medical personnel who conduct compensation and pension examinations.
13. With certification and delegation, the RVSR may serve as a alternate DRO.

Knowledge Required By The Position:

Knowledge of Veterans Benefits Administration's philosophy, objectives, identified outcomes, and the provisions of all laws administered by the Department of Veterans Affairs and their relationship to other related programs.

Broad and detailed knowledge of federal laws pertaining to compensation, pension, and VA regulations and procedures which implement these laws to accurately adjudicate and authorize claims.

Broad and detailed knowledge of VA's Schedule for Rating Disabilities which contains 15 body systems, innumerable disabilities, and percentage evaluations for disabilities, to accurately decide rating issues.

General knowledge of other related benefits; i.e., education, vocational rehabilitation, loan guaranty, life insurance, and VA health care, as well as related programs including general Social Security Administration benefit programs, and other federal, state, and local programs, which affect veterans or eligible individuals to offer counseling about benefit options available.

Knowledge of EDP systems including benefits delivery network (BDN) and its successor (VETSNET), WANG/MS Exchange, and PC-based programs to utilize rules-based rating, claims processing, monitoring, and correspondence preparation.

Knowledge of state laws involving dependency status, social services programs, Medicaid, special income-based local, state, and federal programs.

Knowledge of the Privacy Act and Freedom of Information Act requirements for release of information to requesters.

Knowledge of legal opinions from the Court of Veterans' Appeals (COVA), the Board of Veterans' Appeals (BVA), and state and federal courts having a relationship to VA programs.

Lay medical and pharmacology knowledge sufficient to facilitate sound adjudicative, rating, and award decisions. This knowledge should include major disabilities which can affect body systems, knowledge of disease processes including the probability of cure or treatment, the impact of disabilities on social and industrial activities of daily living.

Interpersonal skills to coordinate with VSRs and the DRO and, as necessary, to conduct interviews that yield the necessary data essential to make a proper decision on a claim, provide correct benefit information to claimants, and foster a positive relationship between the veteran and representative/advocate and the RCSR.

Skill in written communication to inform claimants and colleagues of evidence requirements, the decision, the reason and bases for it, and appellate rights.

Ability to review facts, evidence, and allegations to draw sound conclusions.

Ability to work in a team environment.

Supervisory Controls:

Duties and work assignments are performed under the general supervision of the Veterans Service Center Manager, Assistant Manager, or other supervisory official. Day-to-day technical guidance is available from the Supervisory VSR, Team Leader/Coach or "Master" RVSR. The RVSR works independently to manage claims workload using judgment, guidelines, and EDP-support technology. The RVSR has final signatory authority to rate and award, terminate, amend, or disallow benefits on all claims.

Guidelines:

Guidelines include laws and supporting regulations, agency policies, the rating schedule, EDP rules-based technology, procedural requirements of the various social insurance, and special and supplemental security income programs. These guides are numerous, extensive, and complex. The incumbent must decide between alternative guidelines and must interpret applicable provisions. The RVSR must exercise a high degree of independent judgment, skill, and initiative in adapting guidelines and procedures to individual case circumstances.

Complexity:

The work requires a comprehensive and thorough knowledge base to explain programs, elicit claim information, determine initial and continuing disability benefits, and the reconsideration of initial and post-entitlement decisions. The RVSR analyzes legal, industrial, and occupational factors present in a claim to determine the value of medical and other evidence and its relevance to the personal, occupational, and educational background of the claimant. The RVSR analyzes substantive issues or procedural matters in each case ranging from routine to complex, in order to determine required action and arrive at a rating decision. The RVSR weighs all relevant factors against controlling policies and regulations in order to reach a sound conclusion.

Scope And Effect:

The work is vital to the processes through which the agency directly informs and serves the public. Conclusions reached and the decisions made are normally binding on both the agency and the claimant. The decisions by the RVSR can result in award decisions involving the expenditure of large sums of money or denials which can have major adverse consequences for an applicant. They may also affect the applicant's eligibility for Medicaid protection, social services, food stamps, and other forms of income assistance. The RVSR makes final determinations binding on the agency on all rating issues.

HUMAN RESOURCES TEAM REPORT

Personal Contacts:

Areas of program coverage are general and all segments of the general public may be encountered as potential veteran applicants, beneficiaries, and designated representatives. Contacts are made with other agencies and institutions providing other payments and services. Personal and telephone contacts occur with claimants, their families and representatives, other VA employees, and other government employees.

Purpose Of Contacts:

Contacts with individuals are made to explain the programs and to elicit information upon which entitlement, post-entitlement, and reconsideration decisions are made. Contacts with other agencies and institutions may involve negotiating to obtain information or to represent a claimant's needs or rights to payment or services. Much of the eligibility information is acquired through interviews conducted which may involve probing of very personal and/or sensitive situations. The RVSR must also be able to satisfactorily discuss rating decisions and explain complex rules and requirements to individuals who may be hostile, uncooperative, antagonistic, fearful, concealing information, mentally ill, and possibly dangerous. The RVSR must control the interview and keep it on track to orchestrate the desired objective.

Physical Demands:

The work normally involves mental rather than physical exertion. The work is mostly sedentary.

Work Environment:

Most work is performed under common business office conditions at the RO. Occasionally, a claimant or caller may become upset, unruly, or threatening. In these cases, the incumbent must exercise good judgment and professional demeanor in attempting to calm the situation.

POSITION EVALUATION REPORT

Classification Title, Series, and Grade:	Veterans Claims Examiner, GS-996-12 (Currently allowed by the system)
Organizational Title:	Rating Veterans Service Representative, GS-996-12
Organization:	Department of Veterans Affairs, Veterans Benefits Administration, RO, Veterans Service Center
Position No.:	(Locally assigned)

Standards Used:

Social Insurance Administration Series, GS-105
Contact Representative Series, GS-962
Veterans Claims Examiner Series, GS-996

Background: In 1996, Veterans Benefits Administration's (VBA's) Business Process Reengineering (BPR) team identified a new vision for claims processing. One of the fundamental changes calls for redesigned core processes performed by a Rating Veterans Service Representative (VSR). The position description under review encompasses the enhanced duties and responsibilities to be performed under the newly designed processes.

Introduction: The RVSR position replaces the present position of Veterans Claims Examiner (Rating Board) and Rating Specialist. The RVSR will have ownership of each claim received by transfer from a VSR or by assignment; as required, forges a partnership with the veteran and his/her advocate, and is accountable for his or her decisions and actions. This position description is intended as a benchmark position description to be used VBA-wide on full implementation of the BPR vision.

Title And Series Determination: The Series identified above were considered to determine the proper title and series for the position under review. The primary purpose for which the position exists is to render determinations on claims involving medical issues. In carrying out this responsibility, the RVSR may explain benefit programs and entitlement criteria, conduct interviews, identify issues, gather evidence, adjudicate and/or rate the claim and award payments. These duties are contained in both the Veterans Claims Examining, GS-996 and Contact Representative, GS-962 Series. As well, the GS-105 Series includes positions that involve managing, supervising, or performing work concerned with the administration or operation of national social insurance and needs-based benefit programs. Sound classification principles require that a position be classified to the series which is most closely related to the work covered by an occupational series. While the type of duties and responsibilities under the GS-105 Series closely align to those required by a RVSR, the existence of the Veterans Claims Examining Series, GS-996 and Contact Representative Series, GS-962, albeit outdated (1963 and 1971, respectively), preclude assignment to the GS-105 Series. The qualifications required for claims examining are materially higher than those required for personal and public contact work; therefore, the GS-996 Series was determined to be the proper series for classification purposes. Currently, the record-keeping system is programmed to record the title Veterans Claims Examiner for this Series. The BPR Team identified the title for the enhanced position as Rating Veterans Service Representative; therefore, a new title will be required in the personnel and payroll record keeping system (PAID-OLDE/PAYVA). This position is determined to be properly assigned and titled: Rating Veterans Service Representative, GS-996.

Grade Determination: The position description was written in the Factor Evaluation System (FES) format because this format includes sufficient information to allow classification of a position using either a narrative or FES standard. The narrative Veterans Claims Examining and Contact Representative Series will be used to determine grade. As well, grade determination will

be validated by cross-reference to the 1993 Social Insurance Administration Series, GS-105, which describes types of duties and responsibilities which closely correlate to the work of a RVSR.

Veterans Claims Examining and Contact Representative Series: Both these narrative format Series utilize two factors: Nature of Claims/Contacts and Authority Vested or Level of Responsibility to determine grade.

As described, the RVSR position includes claims processing duties and responsibilities that most closely align with the nature of work descriptions at the GS-12 level in the standard. The standard provides that the incumbent reviews cases to "assure the reasonableness of the percentage of disability assigned by a Rating Board." This presumes a detailed knowledge base to make such a determination and adjudicate the full range of claims involving unusually complex or novel issues, in this instance, determined to equate with rating decisions. The position under review requires the RVSR to accomplish the rating independently and not simply perform a review of work done by others. Additionally, the RVSR may authorize the full payment of benefits as entitled by law for all claims requiring a rating decision, or prepare correspondence that denies benefits. This level of authority also aligns with the standard at the GS-12 level. The GS-11 level in the standard was reviewed; however, it was determined to be inappropriate because the GS-11 incumbent is not responsible for rating decisions. The RVSR's authority as outlined in the position description clearly exceeds the GS-11 authority level in the standard.

The RVSR's responsibility for personal contacts with the veteran and his/her advocate or representative take on increased importance under redesigned claims processing. The RVSR must possess a comprehensive knowledge base to provide correct benefit information to claimants and possess professional interviewing skills that can focus issues to yield the necessary data to make a proper rating decision. At the GS-9 grade level, the incumbent provides information on the full range of benefits and related programs and is responsible for other benefit coordination contacts. This accurately describes the nature of contacts which may be required of a RVSR to make rating decisions or otherwise assist a veteran. The level of responsibility assigned the RVSR for contact work is equivalent to the description at the GS-9 level in the Contact Representative Standard. At this level, in addition to possessing knowledge and understanding of his or her own agency goals and identified outcomes, the RVSR must be generally knowledgeable of other related agency operations and programs that facilitate effective claims development. Key to the reengineered claims process is the personal contact responsibility which must focus issues, inform claimants of evidence requirements, the decision, the reason and bases for it, and appellate rights.

The claims rating component of this position was evaluated at the GS-12 level and the personal and public contact component at the GS-9 level. While both components are important for a VSR, the claims rating component represents the primary work and the paramount qualifications required and, consequently, is grade controlling. Therefore, evaluation using the 1963 claims examining and 1971 contact representative narrative standards, results in tentative GS-12 grade.

As noted above, the Social Insurance Administration Series, GS-105, dated 1993, describes duties, responsibilities, knowledge, and abilities that closely parallel those required of a RVSR. A cross-comparison will be accomplished to validate the tentative grade determination reached by use of the narrative standards above. Factor Evaluation System point assignment and narrative comments follow:

<u>Evaluation Factors</u>	<u>Points Assigned</u>	<u>Standards Used</u>	<u>Comments</u>
1. Knowledge Required by the Position	1550	FLD 1-8	See Below
2. Supervisory Controls	450	FLD 2-4	See Below
3. Guidelines	450	FLD 3-4	See Below
4. Complexity	225	FLD 4-4	See Below
5. Scope and Effect	225	FLD 5-4	See Below
6. Personal Contacts	75	FLD 2	See Below
7. Purpose of Contacts		FLD b	
8. Physical Demands	5	FLD 8-1	
9. Work Environment	5	FLD 9-1	
Total Points Assigned	2985		
Grade Conversion	GS-12		

Factor 1 - Knowledge Required by the Position: Factor Level Description (FLD) 1-8 is assigned. FLD 1-7 was not selected, because at this level, while the incumbent is comprehensively knowledgeable of laws, regulations, policies, and procedures to adjudicate entitlement to benefits and related programs, he or she is responsible for the approval or authorization of benefits within defined parameters; e.g., claims not requiring rating decisions which is similar to responsibilities required for the VSR position. FLD 1-8 accurately reflects the knowledge, skills, and level of responsibility for adjudication, rating, and authorization expected of the RVSR. At this level, the RVSR must possess detailed knowledge of VA's Schedule for Rating Disabilities which contains 15 body systems, innumerable disabilities, and a percentage of evaluation for a particular disability. Because the rating schedule is flexible and many disability cases do not fit into any precise disability category, the RVSR must interpret and adapt the schedule applying judgment and analogy to each individual case. At level 1-8, the standard also indicates that the work involves application of expert knowledge and the skill to extend and refine

approaches and methods to deal with various disability categories affecting claimants. This description accurately reflects the level of knowledge and how a RVSR applies that knowledge. Points assigned = 1550

Factor 2 - Supervisory Controls: FLD 2-4 is assigned. This factor provides only two possibilities, 2-3 and 2-4. At both levels, the supervisor sets the overall objectives and employees independently carry out designated assignments. At FLD 2-3, the incumbent determines eligibility for and entitlement to benefits, develops evidence, and "prepares justifications" for award, termination, amendment, or disallowance; however, the incumbent is not responsible for authorization or approval, which is required for all VSR positions. FLD 2-4 describes claims processing that more appropriately aligns with that envisioned for the RVSR. Claims go directly to the RVSR by assignment or on transfer from a VSR. The RVSR plans and carries out assignments, determines the methods and contacts, and independently approves, rates, and authorizes all claims involving rating issues. At FLD 2-4, work products may be sampled to discern trends and effectiveness in meeting organizational goals. This is consistent with the process envisioned for certification and recertification for the full performance level RVSR. Points assigned = 450.

Factor 3 - Guidelines: FLD 3-4 is assigned. At this level, the incumbent must interpret the rating schedule, court decisions, VBA and other guidelines that are broadly stated and may be incomplete, of limited use, or inadequate. FLD 3-3 was not used because this level is reserved for more "traditional claims work," which includes unusual and complex casework within defined parameters. It does not adequately cover the challenges inherent in applying the rating schedule to unique cases. FLD 3-4 more appropriately captures the nature of guidelines with which the RVSR must routinely deal. Points assigned = 450.

Factor 4 - Complexity: FLD 4-4 is assigned. FLD 4-3 was considered but not assigned because it indicates that the work is relatively straightforward and consists of examining documentation, evaluating if all requirements are satisfied, determining entitlement, and arriving at a decision concerning the types and amount of benefits that are applicable. The RVSR's work routinely involves features that complicate the work including application of the rating schedule and unusual circumstances or events in the lives of claimants which can be problematic. This degree of complexity is consistent with the description at FLD 4-4. At this level, work includes gathering and assessing conflicting information, identifying issues, sorting out the elements contributing to complications, and arriving at appropriate rating decisions based on proper application of the rating schedule. FLD 4-5 was not considered as it more appropriately deals with overlooked issues and innovative analyses to resolve disputes which applies more to VBA's DRO. Points assigned = 225.

Factor 5 - Scope and Effect: FLD 5-4 is assigned. At this level, the work involves resolving cases that exclusively contain unusual issues or situations which aligns with the work of a RVSR. The RVSR routinely analyzes and interprets laws and court case decisions which affect rating issues. FLD 5-3 was not selected because it reflects more routine claims processing and is consistent with the purpose and impact of the VSR's work versus the RVSR's work. FLD 5-5 was judged inappropriate because work at this level typically involves policy development and

affects a broad range of agency activities. The RVSR is not involved in this type work. Points assigned = 225.

Factor 6 and 7 - Personal Contacts and Purpose of Contacts: Factor 2b is assigned. Contacts are with employees of the agency; veterans, their advocates, representatives, physicians, attorneys; federal, state, local government employees. At this level, the purpose of contacts is to question individuals in order to make decisions on claims and counsel them on acceptable kinds and sources of evidence to support claims. Employees clarify conflicting information through probing interviews to determine the validity of statements and evidence. Although the goals of the persons contacted are essentially similar to those of the RVSR, the contacts may become less cooperative or confrontational when information or a determination is in question. Points assigned = 145.

Factors 8 and 9 - Physical Demands and Work Environment: Only one FLD is possible — FLD 8-1 and 9-1, respectively.

Conclusion: Evaluations under both the narrative and FES formats resulted in a grade level determination of GS-12. This position is determined to be properly classified as a Rating Veterans Service Representative, GS-996-12.

A3. Decision Review Officer (DRO)

The DRO receives notices of dissatisfaction from veterans and advocates or representatives and is empowered to review the decision made by the VSR or RVSR, including the facts and evidence submitted in support of the claim. The DRO can uphold that decision or overturn it based on difference of opinion. The DRO may conduct informal hearings to obtain additional information from the veteran and/or his/her advocate. The DRO can then sustain or change the decision based on the additional information gathered. In cases of continued dissatisfaction by a veteran, the DRO works with the veteran and advocate/representative to focus the issue and fully explain a decision in an effort to resolve the dissatisfaction. If informal effort does not resolve the issue, the DRO may conduct a formal hearing on the record. If dissatisfaction continues, the DRO will frame the issue for formal appeal (VA Form 9) to the Board of Veterans' Appeals (BVA). The DRO must possess extensive knowledge, skills, and abilities (as affirmed by certification) concerning rating disabilities, as well as a practical knowledge of adjudication and authorization functions in compensation and pension programs.

Based on difference of opinion authority, the DRO may issue a revised decision based on the facts and evidence considered by the previous decision maker which form the basis for the claimant's dissatisfaction.

If new evidence is offered, the DRO works with the veteran to perfect a supplemental claim and render a decision. The DRO obtains all required evidence to support the claim or provides information to claimants to secure their assistance in obtaining it.

The DRO interprets laws, rules, regulations, and agency instructions concerning the allowance or disallowance of claims.

The DRO is empowered to resolve issues with respect to legal entitlements of veterans, their surviving spouses, and other beneficiaries. Decisions serve as a basis for payment or denial of benefits to claimants and for determination of the amounts payable or recoverable. The DRO is fully accountable for all decisions rendered which govern a wide variety of federal benefits including:

- a. Compensation for service-connected disability, including eligibility to special monthly compensation
- b. Nonservice-connected pension entitlement, including eligibility to special monthly pension
- c. Dependency and indemnity compensation and death compensation to surviving spouses and dependents of veterans where death is determined to have been due to service
- d. Death pension for surviving spouses and dependents of certain wartime veterans having a service-connected disability

- e. Compensation and pension to children found permanently incapable of self-support prior to their 18th birthday
- f. Specially adapted housing, special home adaptation grant benefits, specially equipped automobiles and/or adaptive equipment to certain disabled veterans as well as clothing allowances, and issues of competency and incompetency
- g. Qualifying military service, character of discharge, domestic relations, homicide, presumed death, line of duty, or willful misconduct, corpus of estate, and violation of U.S. Penal Code
- h. Burial benefits for certain veterans
- i. Educational benefits to veterans, surviving spouses, and dependents, including Restored Entitlement Program for Survivors (REPS)
- j. Vocational rehabilitation benefits for certain veterans
- k. Eligibility to monthly allowance for children with spina bifida

In conducting post-decision reviews, the DRO will identify trends or out-of-line situations and report the information to management officials.

Knowledge Required By The Position:

Knowledge of Veterans Benefits Administration's philosophy, objectives, identified outcomes, and the provisions of all laws administered by the Department of Veterans Affairs and their relationship to other related programs.

Broad and detailed knowledge of federal laws pertaining to compensation, pension, and VA regulations and procedures that implement these laws to accurately accomplish post-decision review of claims.

Broad and detailed knowledge of VA's Schedule for Rating Disabilities which contains 15 body systems, innumerable disabilities, and percentage valuations for particular disabilities to accurately decide claims.

Technical knowledge of a complex field of legislation authorized by the Congress of the United States as well as related written precedents, judicial determinations (in the form of case law), and legal opinions from the Court of Veterans' Appeals (COVA), the Board of Veterans' Appeals (BVA), and state and federal courts having a relationship to VA programs.

Knowledge of other related VA benefits; i.e., education, vocational rehabilitation, loan guaranty, life insurance, and VA health care, as well as related programs (general Social Security

HUMAN RESOURCES TEAM REPORT

Administration and other federal, state, and local programs) to offer initial or supplementary counseling about benefit options available to veterans or eligible individuals.

Knowledge of EDP systems including benefits delivery network (BDN) and its successor (VETSNET), WANG/MS Exchange, and PC-based programs to utilize rules-based claims processing, monitoring, and correspondence preparation.

Knowledge of state laws involving dependency status, social services programs, Medicaid, special income-based local, state, and federal programs.

Lay medical and pharmacology knowledge sufficient to facilitate sound adjudicative, award, and rating decisions. This knowledge should include major disabilities that can affect body systems, disease processes, the probability of cure or treatment, and the impact of disabilities on social and industrial activities of daily living.

Knowledge of occupational fields including basic employment requirements, wage, and salary standards, and availability of employment.

Skill in conducting professional interviews that yield the necessary data essential to make a proper decision on a claim and provide correct benefit information to claimants.

Skill in written communication to inform claimants of evidence requirements, the decision, the reason and bases for it, and further appellate rights.

Ability to evaluate evidence, allegations, programs and policies to draw sound conclusions, and identify trends and out-of-line situations.

Supervisory Controls:

The DRO performs his or her duties under the general administrative supervision of the Veterans Service Center Manager. The DRO independently plans and carries out assignments, interprets policy, and determines the methods and contacts necessary. Technical aspects of the DRO's position are controlled by legislation and implementing agency directives including the Schedule for Rating Disabilities, VA regulations, manuals, bulletins, circulars, written instructions from centralized authority, and precedent decisions made in specific cases.

Guidelines:

Guidelines include laws and supporting regulations, agency policies, the rating schedule, EDP rules-based technology, procedural requirements of the various social insurance and special and supplemental security income programs. These guides are numerous, extensive, and complex. The incumbent must decide between alternative guidelines and must interpret applicable provisions. The DRO interprets laws, rules, regulations, policies, judicial determinations (in the form of case law), and agency instructions concerning the allowance or disallowance of claims.

Complexity:

The DRO exercises exceptional, independent judgment; skills, and initiative in adapting laws, court decisions, BVA and other guidelines, and procedures to individual case circumstances.

The DRO analyzes legal, industrial, and occupational factors present in a claim to determine the weight and value of evidence and its relevance to the personal, occupational, and educational background of a claimant. The DRO examines and evaluates the records of claimants, including military service records, medical and hospital reports, dependency, income and net worth evidence, and prior VA benefit decisions. The DRO reviews cases for the purpose of preparing for an informal hearing with regard to a matter of dissatisfaction concerning a veteran's entitlement to VA benefits and to determine whether to sustain or change a decision or issue a difference of opinion decision.

In situations where the evidence file is inadequate for an equitable decision, the incumbent determines from a legal viewpoint the type of evidence needed, considers the feasibility of obtaining it, and initiates appropriate action to request the evidence. Such evidence ranges widely and may involve such items as specialized medical examinations, autopsy reports, hospital clinical records, field examinations, social and industrial surveys, or periods of observation in VA medical centers, employment records, wage and tax statements, loan applications, and school or vocational training records.

Scope And Effect:

The DRO resolves cases that contain unusual issues or situations. The work is vital to the processes through which the agency serves the public. DRO determinations are final and binding, subject to formal appeal only to the Board of Veterans' Appeals. Decisions can result in award decisions involving the expenditure of large sums of money or denials which can have major adverse consequences for a claimant.

Personal Contacts:

Areas of program coverage are so general that all segments of the general public will be encountered as potential veteran applicants, beneficiaries, and designated representatives. Contacts are made with other agencies and institutions providing other payments and services. Personal and telephone contacts occur with claimants, their families, representatives, and attorneys, other VA employees, and other government employees.

Purpose Of Contacts:

Contacts with the veterans or advocates/representatives are made to explain programs and to elicit information upon which post-decision reviews are made. Contacts with other agencies may involve negotiating to obtain information or to represent a claimant's needs or rights to payment or services. The purpose of contacts is to obtain, clarify, and reevaluate sensitive information on finances, relationships, medical problems or treatments. The DRO exercises

Introduction: The DRO position replaces the present Hearing Officer position. If a claimant wishes to initiate the post-decision review process, the DRO will become the veteran's primary point of contact. The DRO referral is made after a VSR and/or RVSR explains a decision and its bases to a claimant who has indicated dissatisfaction with the decision. The DRO has authority to issue a revised favorable decision based on a review of evidence. If the veteran remains dissatisfied, the DRO will either work with the veteran/representative to informally resolve the issue. If dissatisfaction continues, the DRO may hold a formal hearing on the record. If the matter still cannot be resolved, the DRO will incorporate new evidence into a supplemental claim or if there is no new evidence, frame the issue for formal appeal (VA Form 9) to the Board of Veterans' Appeals (BVA). The DRO will accomplish continuing systematic analyses of cases to identify trends and out-of-line situations and recommend program, policy, or procedural changes. The DRO will forge a partnership with the veteran and his/her advocate and be accountable for his or her decisions and actions. This position description is intended as a benchmark position description to be used VBA-wide on full implementation of the BPR vision.

Title and Series Determination: The Series identified above were considered to determine the proper title and series for the position under review. The primary purpose for which the position exists is to act on a claimant's notice of dissatisfaction filed due to disagreement with a decision on a claim. Based on a review of a case, the DRO is empowered to sustain or change a decision or issue a difference of opinion decision on a case. In cases of continuing dissatisfaction, the DRO will work with the veteran to incorporate new evidence into a supplemental claim or, if there is no new evidence, frame the issue for the formal appeal to BVA. In carrying out this responsibility, the DRO reviews and evaluates prior case development and decisions, conducts informal hearings in an impartial manner, evaluates evidence, analyzes the credibility of witnesses and complex case issues; applies rules, regulations, and court decisions and arrives at a case decision that reflects sound judgment. These duties are specifically covered in the Hearings and Appeals Series, GS-930. The knowledge required to adjudicate cases is found in the Veterans Claims Examining Series, GS-996 and the knowledge and criteria required for personal contact responsibilities are addressed in the Contact Representative Series, GS-962. As well, the GS-105 Series has relevance for the DRO position as it includes positions that involve managing, supervising, or "performing work concerned with the . . . operation of national social insurance and needs-based benefit programs." Sound classification principles require a position be classified to the series that is most closely related to the work covered by an occupational series. The GS-930 occupational series description specifically covers the work of the DRO position; therefore, the GS-930 Series was determined to be the proper series for classification purposes. Currently, the record keeping system is programmed to record the title of Hearing Officer for positions in this Series. The BPR Team identified the title for the redescribed position as DRO; therefore, a new title will be required in the personnel and payroll record keeping system (PAID-OLDE/PAYVA). This position is determined to be properly assigned and titled: DRO, GS-930.

Grade Determination: The position description was written in the Factor Evaluation System (FES) format because this format includes sufficient information to allow classification of a position using either a narrative or FES standard. There are no classification standards published for the GS-930, Hearings and Appeals Series, and grade determination is accomplished

HUMAN RESOURCES TEAM REPORT

by cross-comparison to other Series that closely correlate to the work of the position under review. The general knowledge of veterans' benefit programs, skill, and processes are covered in the narrative Veterans Claims Examining, GS-996 and Contact Representative, GS-962 Series. However, neither of these Series address the level of expertise required for the DRO position. The GS-105, Social Insurance Administration Series, which includes positions that "reconsider claims for benefits" and "study operations, case processing, systems operations, methods, and procedures to improve operation and delivery of programs" will be used to determine the grade for this position. Factor Evaluation System point assignment and narrative comments follow:

<u>Evaluation Factors</u>	<u>Points Assigned</u>	<u>Standards Used</u>	<u>Comments</u>
1. Knowledge Required by the Position	1550	FLD 1-8	See Below
2. Supervisory Controls	450	FLD 2-4	See Below
3. Guidelines	450	FLD 3-4	See Below
4. Complexity	325	FLD 4-5	See Below
5. Scope and Effect	225	FLD 5-4	See Below
6. Personal Contacts	145	FLD 2	See Below
7. Purpose of Contacts		FLD c	
8. Physical Demands	5	FLD 8-1	
9. Work Environment	5	FLD 9-1	
Total Points Assigned	3155		
Grade Conversion	GS-13		

Factor 1 - Knowledge Required by the Position: Factor Level Description (FLD) 1-8 is assigned. FLD 1-7 was not selected, because at this level, while the incumbent is expected to be comprehensively knowledgeable of laws, regulations, policies, and procedures to adjudicate entitlement to benefits and related programs, he or she is responsible for the approval or authorization of benefits within defined parameters. FLD 1-8 accurately reflects the expert degree of knowledge, skills, and level of responsibility for adjudication, rating, authorization and decision-making expected of the DRO. At this level, the DRO is responsible for review of cases from a quasi-legal perspective and renders decisions based on mastery and expert application of principles, laws, rules, regulations, guidelines, court decisions, and systems involved with VA benefit programs to resolve issues of dissatisfaction or assure decisions withstand review by BVA

and COVA. FLD 1-8 in the classification standard indicates that the work involves mastery and application of expert knowledge and the skill to extend and refine approaches and methods to deal with various disability categories affecting claimants in the instant case — potential appeals. The DRO performs a key role in resolving issues that significantly affect VA's benefits delivery system. This description accurately reflects the level of knowledge required for the DRO. Points assigned = 1550.

Factor 2 - Supervisory Controls: FLD 2-4 is assigned. This factor provides only two possibilities in the standard, 2-3 and 2-4. At both levels, the supervisor sets the overall objectives and employees independently carry out designated assignments. At FLD 2-3, the incumbent determines benefits eligibility and entitlement, develops evidence, and "prepares justifications" for award, termination, amendment, or disallowance; however, the incumbent is not responsible for authorization or approval, which is required for all claims processing and post-decision work. FLD 2-4 in the standard describes notices of dissatisfaction or reconsiderations that more appropriately align with that envisioned for the DRO. If a notice of dissatisfaction is unresolved, the VSR forwards the case for DRO assignment. The DRO plans and carries out assignments, determines the methods and contacts, and independently sustains a decision, issues a revised decision, perfects a supplemental claim or prepares the case for appeal. At FLD 2-4, work products may be sampled to discern trends and effectiveness in meeting organizational goals. This is consistent with the process envisioned for certification and recertification for the DRO and systematic analyses of cases for trends and out-of-line situations. Points assigned = 450.

Factor 3 - Guidelines: FLD 3-4 is assigned. At this level, the incumbent must interpret laws, regulations, policies, BVA and court decisions, and management decisions, often broadly stated. FLD 3-3 was not used because this level is reserved for more "traditional claims work," which includes unusual and complex casework within defined parameters. It does not adequately cover the challenges inherent in the work of a DRO. FLD 3-4 more appropriately captures the nature of guidelines with which the DRO must routinely deal. Points assigned = 450.

Factor 4 - Complexity: FLD 4-5 is assigned. This level includes positions that resolve unusually complex cases such as appellate (reconsideration) cases. At this level, incumbents sort out subtle or tenuous legal or technical issues, identify incompletely explored or overlooked issues, and reevaluate conflicting medical or vocational opinions to determine if a difference of opinion decision is appropriate. FLD 4-4 was considered but not assigned because it indicates that the work is relatively straightforward and consists of examining documentation, evaluating if all requirements are satisfied, determining entitlement, and arriving at a decision concerning the types and amount of benefits that are applicable. The DRO's work routinely involves features that complicate the work including application of court decisions and the rating schedule. The DRO frequently deals with situations where facts are disputed and where the mental or physical condition of claimants may frustrate resolution of a case. Points assigned = 325.

Factor 5 - Scope and Effect: FLD 5-4 is assigned. At this level, the work involves resolving cases that exclusively contain unusual issues or situations which aligns with the casework of a DRO. The DRO routinely analyzes and interprets laws and court case decisions that affect appeals. FLD 5-3 was not selected because it reflects more routine claims processing

and is consistent with the purpose and impact of the VSR's work. FLD 5-5 was judged inappropriate because work at this level typically involves policy development and affects a broad range of the agency's overall activities. Points assigned = 225.

Factor 6 and 7 - Personal Contacts and Purpose of Contacts: Factor 2c is assigned. Contacts are with employees of the agency; veterans, their advocates, representatives, physicians, attorneys; and federal, state, local government employees. At this level, the purpose of contacts is to obtain, clarify, and reevaluate sensitive information on finances, relationships, medical problems or treatments. Because claimants may realize that opportunities for a more favorable decision on a claim are being exhausted, the environment in which contacts take place can change in the post-decision review arena. Contacts may become hostile, uncooperative, antagonistic, fearful and possibly dangerous. Notwithstanding this fact, the DRO must exercise the highest level of tact, patience, and diplomacy. Employees obtain information through probing interviews to determine the validity of statements and evidence. Points assigned = 145

Factors 8 and 9 - Physical Demands and Work Environment: Only one FLD is possible — FLD 8-1 and 9-1, respectively.

Conclusion: Evaluation under the FES format resulted in total points of 3155 which equates to a GS-13 in accordance with the Grade Conversion Table on page 4 of the standard. This position is determined to be properly classified as a DRO, GS-930-13.

A4. Program Support Clerk

The incumbent works in the RO Veterans Service Center's mail and file unit. In addition to processing all mail and establishing and maintaining files, the incumbent performs standard clerical assignments in support of the Veterans Service Center staff. The incumbent documents initial receipt, reads, examines, and routes all types of correspondence received in the Veterans Service Center. Utilizing electronic data processing (EDP) technology, the incumbent establishes control of correspondence and case files and routes to the appropriate staff for processing. The incumbent must determine which office or individual has responsibility for a case or whether it should be forwarded to a Management Official for appropriate action or reply. Searches data sources to locate files or information and insures that records are available for review by staff, claimants, and their representatives. Establishes or updates bar codes and the database to control folder movement. The Clerk may provide general clerical assistance to teams of Veterans Service Representatives (VSRs) and RVSRs. This may include determination of validity and submitting notice of death to the Beneficiary Identification and Records Locator Subsystem (BIRLS); initiating stop-pay action on awards, making final disposition of "no record" mail; consolidating folders for veterans having more than one claim number and correcting coding in BIRLS; resolving confusion of two veterans with same or similar names, correcting file materials, and informing all concerned offices and data systems.

Knowledge Required By The Position:

Knowledge of the organizational structure of VA, VBA's Business Lines, and the RO.

General knowledge of the internal operations and benefit programs provided by the RO.

Knowledge of the procedures required to process mail and files and perform standard clerical duties including how to process unidentifiable correspondence, how to create case folders, how to transfer folders into and out of the station, maintain suspense and follow-up systems, and scan documents into a record when the paperless file system is implemented.

Knowledge of electronic data processing (EDP) systems and software programs.

Basic skills of English grammar to effectively communicate with VA staff, claimants, and representatives.

Basic keyboard skills to utilize EDP systems for standard clerical and data input duties.

Supervisory Controls Over The Position:

The work is performed under the general guidance of the team leaders or other supervisory official in the Veterans Service Center. The clerk is expected to use initiative to complete recurring assignments independently. Unusual situations or problems are referred to the supervisor/team leader for assistance and resolution. Work is reviewed for accuracy and adherence to accepted practices.

HUMAN RESOURCES TEAM REPORT

Guidelines:

The clerk is guided by instructions, organizational charts, telephone directories, correspondence manuals, and standard operating procedures.

Complexity:

The clerk selects the correct guideline, practice, or procedure to fit the situation. The clerk exercises judgment in determining when he or she is confronted with a deviation or unusual situation for referral to a supervisor/team leader.

Scope And Effect:

The clerk is an integral part of the claims processing activity. Timeliness of measures can be adversely affected if correspondence, files, folders are not handled in accordance with established procedures.

Personal Contacts:

Daily contact with coworkers, Veterans Service Representatives and/or RVSRs, supervisors/team leaders, and claimants or representatives, as needed.

Purpose Of Contacts:

Contacts are to receive assignments, exchange or clarify information, and seek technical guidance on unusual situations.

Physical Demands:

The clerk may experience long periods of standing and walking, recurring lifting and carrying of files/folders, occasional lifting of heavier materials for bulk mailings or delivery. Reading and examining correspondence and clerical duties may be performed while sitting.

Work Environment:

Work is performed within an office setting.

POSITION EVALUATION REPORT

Classification Title, Series, and Grade: Program Support Clerk, GS-303-4
Organizational Title: (Same as above)
Organization: Department of Veterans Affairs,

Veterans Benefits Administration, Regional
Office, Veterans Service Center

Position No.: (Locally assigned)

Standards Used: Miscellaneous Clerk and Assistant Series,
GS-303
Mail and File Series, GS-305
Grade Level Guide for Clerical and Assistant
Work, TS-91, dated June 1989
Personnel Circular Letter No. 90-6

Background: In 1996, Veterans Benefits Administration's (VBA's) Business Process Reengineering (BPR) team identified a new vision for claims processing. Many of the functions formerly performed by clerks will be absorbed by the remaining, restructured positions by use of enhanced information technology capabilities. As a consequence of this effort, the role of clerks within the former Veterans Services and Adjudication Divisions will of necessity change. The position description under review describes the general duties and responsibilities for the clerk who will support the reengineered processes.

Introduction: The Program Support Clerk position replaces the present mail and file clerk and claims/development clerk positions. This position will provide mail, file, and clerical support for the Veterans Service Center staff.

Title and Series Determination: The Series identified above were considered to determine the proper title and series for the position under review. The primary purpose of the position is to provide clerical support in the form of data input and retrieval, mail receipt, review, and distribution, and file duties. Because this position involves a combination of program support duties and mail and file duties, the Miscellaneous Clerk and Assistant Series was selected as most appropriate for title and series determination. This series is used when work requires a knowledge of procedures involved in carrying out the work of an organization and involves the application of those procedures and practices within the framework of established guidelines. The clerical processes involved in program support activities are more significant than the mail and file processes; therefore, the GS-303, Miscellaneous Clerk and Assistant Series was determined to be appropriate for title and series assignment. Positions classified to the GS-303 Series are titled to generally describe the kind of support provided. This position is determined to be properly titled and assigned: Program Support Clerk, GS-303.

Grade Determination: The position description was written in the Factor Evaluation System (FES) format because this format includes sufficient information to allow classification of a position using either a narrative or FES standard. The Grade Level Guide for Program Support Clerks is written in the narrative format and Mail and File Series is in FES format. Both standards will be evaluated to determine the proper grade for this position.

HUMAN RESOURCES TEAM REPORT

The Grade Level Guide for Clerical and Assistance Work uses two factors to determine grade; i.e., Nature of Assignments and Level of Responsibility. The nature of assignments for the Program Support Clerk align with those detailed at the GS-4 level in the standard and Personnel Circular Letter No. 90-6, Page A-3. Work consists of related steps, processes, or methods which require the employee to identify and recognize differences among a variety of documents and situations. Actions to be taken differ in nature and sequence based on the particular situation. The Program Support Clerk must have subject matter knowledge of the RO's programs and operations and guidelines to understand what is being done and the clerk's role in that process. The Level of Responsibility accorded the Program Support Clerk is also described at the GS-4 level. Here, the Program Support Clerk works independently to carry out a variety of processes associated with his or her responsibilities for clerical, mail, and file duties. The supervisor or team leader is available to resolve unusual situations or problems. Guidelines are available to the Program Support Clerk. Contacts are with coworkers and those outside the organization to exchange or clarify information. The duties and responsibilities did not rise to the level of a GS-5 clerk, because at that level the clerk's assignments are nonstandard and require resolution of nonrecurring problems. The GS-5 clerk must possess more detailed knowledge of subject matter to be able to apply independent judgment to a limited field. The Program Support Clerk position under review works within a structured and defined framework which aligns more appropriately with the GS-4 level.

The Mail and File Series uses the Factor Evaluation System to determine grade. The following factor level descriptions, benchmark references, and points are assigned:

<u>Evaluation Factors</u>	<u>Points Assigned</u>	<u>Standards Used</u>
1. Knowledge Required by the Position	350	FLD 1-3 BMK #3
2. Supervisory Controls	125	FLD 2-2 BMK #3
3. Guidelines	125	FLD 3-2 BMK #3
4. Complexity	75	FLD 4-2 BMK #3
5. Scope and Effect	75	FLD 5-2 BMK #3
6. Personal Contacts	25	FLD 6-2 BMK #4
7. Purpose of Contacts	20	FLD 7-1 BMK #4
8. Physical Demands	5	FLD 8-1
9. Work Environment	5	FLD 9-1
Total Points Assigned	805	

Grade Conversion

GS-4

Conclusion: The evaluation under both standards resulted in a grade level determination of GS-4. This position is determined to be properly classified as Program Support Clerk, GS-303-4.

A5. Supervisory Veterans Service Representative

Program Scope And Effect:

The incumbent directs the day-to-day activities of a claims processing team (or teams) in a RO Veterans Service Center that is responsible for both direct customer service (through in-person and telephone contacts) and claims adjudication for benefits under VA's Compensation and Pension Programs for the State of (*identify State*).

The incumbent is responsible for ensuring that the team's quality and timeliness of service meets VBA's organizational goals. The incumbent is also responsible for the cost-effective use of resources to accomplish the team's assigned outcomes.

The work supervised is vital to the processes through which the agency directly informs and serves the public. Conclusions reached and decisions made are normally binding on both the individual team members and the agency. The team's work results in award decisions involving the expenditure of large sums of money or denials which can have major adverse consequences for an applicant. They may also affect the applicant's eligibility for Medicaid protection, social services, food stamps, and other forms of income assistance.

The supervisor has a familiarity with all phases of the veterans' service activity to interview claimants in-person or over the telephone and to elicit information essential to resolve a concern or obtain necessary evidence so that a pending claim may be properly adjudicated.

The supervisor has the ability to gather and interpret a wide range of data addressing service concerns. Further, he/she is able to recommend appropriate action based on the data.

The supervisor possesses an understanding and the ability to apply the principles of individual counseling and small group dynamics.

Organizational Setting:

(*For medium to large ROs*): The supervisor is accountable to the Assistant Veterans Service Center Manager who reports to the Veterans Service Center Manager. The Center's Manager reports to the RO's Assistant Director who is accountable to the SES Director. Thus, the supervisory position is two or more levels below the SES Director.

OR

(*For small to medium ROs*): The supervisor is accountable to the Veterans Service Center Manager who reports directly to an SES Director or Director who holds the highest graded managerial position at the facility. Thus, the supervisory position is one reporting level below the first SES position or highest graded managerial position.

Supervisory And Managerial Authority Exercised:

The supervisor plans and assigns work priorities for his/her subordinates — usually a work team of approximately 12-15 predominately “professional” level employees — and has final technical authority over the final work product.

The supervisor analyzes and interprets laws, regulations, and rules as they affect the establishment of new policies, procedures, and methods of operation.

The supervisor must exercise a high degree of judgment in addressing work issues — where the nature of work itself requires the ability to analyze, interpret, and apply judgment — so that consistently correct determinations are accomplished in a situation where existing guidelines do not readily yield identical decisions on even somewhat similar facts.

The supervisor understands the relationship of tasks routinely assigned to the clerical support staff, Veterans Service Representatives (VSRs), and RVSRs to effectively plan and assign work to the team. The supervisor demonstrates expertise in all phases of the claims adjudication activity that he/she directs and, as needed, develops ways to improve production or increase the quality of work.

The incumbent is responsible for administrative actions affecting the team and provides advice, counsel, and instruction to individual employees of the team on both technical and administrative matters. As well, the supervisor is responsible for personnel administration and actions (e.g., develops standards and evaluates subordinates’ performance, interviews and makes recommendations for position appointments, promotions, or reassignments; hears and resolves employee complaints, effects disciplinary measures, and identifies training needs).

The supervisor is responsible for assigning special projects, completing systematic analyses of operations, and ensuring that the team’s efforts support the overall goals of the service center.

The supervisor has an understanding of VA’s performance indicators, what they measure, what the measures mean, and how that information should be used in evaluating the team’s ongoing performance.

Personal Contacts:

The supervisor has daily interaction with team members, peers, higher management, and service organization representatives. The incumbent routinely has in-person and telephone contacts with other stakeholders within the RO, at VA medical centers; and other federal, state, and local agencies.

The supervisor may interview veterans or other customers either in-person or on the telephone.

Purpose Of Contacts:

Contacts with team members are primarily as a supervisor providing work assignments, instructions, clarifying policies, answering case-specific employee questions, or counseling employees. Contacts with higher management and other service center staff are to share opinions and give advice on issues affecting the center. Contacts with veterans, other claimants, and their representatives are most frequently to answer questions relating to claims processing considerations and/or the status of pending claims. Contacts with claimants and service organization representatives may require explaining the bases for a decision and might involve skeptical or even hostile individuals.

Difficulty Of Typical Work Directed:

The supervisor is responsible for the technical work of the team which includes RVSRs, certified VSRs, and Program Support Clerks. The highest grade of the nonsupervisory work which the supervisor directs is that of the RVSR, GS-12. The supervisor possesses knowledge of development, authorization, adjudication, and rating. Additionally, the supervisor has well-honed interpersonal and customer contact skills. Rating determinations constitute 25%+ of the team's work.

Other Conditions:

The work that the supervisor oversees requires extensive coordination and integration. The supervisor is expected to make recommendations concerning workload management, the optimum mix of staff in consideration of operating costs and program effectiveness, introduction of improvements to work methods and processes, and assessing the readiness of individuals for the "certification" process.

POSITION EVALUATION REPORT

Classification Title, Series, and Grade:	Supervisory Veterans Claims Examiner, GS-996-13 (Currently allowed by the system)
Organizational Title:	Supervisory Veterans Service Representative, GS-996-13
Organization:	Department of Veterans Affairs, Veterans Benefits Administration, RO, Veterans' Service Center
Position No.	(Locally assigned)
Standards Used:	General Schedule Supervisory Guide, TS-123, dated April 1993 Veterans Claims Examining Series, GS-996 Contact Representative Series, GS-962

Social Insurance Administration Series, GS-105

Background: In 1996, Veterans Benefits Administration's (VBA's) Business Process Reengineering (BPR) team identified a new vision for claims processing. One of the fundamental changes calls for claims processing and appeals to be performed essentially by three positions working in coordination and collaboration to provide world-class customer service. These positions are the Veterans Service Representative (VSR), the RVSR, and DRO. The supervisory position under review will supervise a team of VSRs, RVSRs, and Program Support Clerks organized to complete claims processing in accordance with the newly designed processes.

Introduction: The Supervisory Veterans Service Representative (VSR) replaces present VBA positions of Unit Chief, Section Chief, and Supervisor in Veterans Services and Adjudication Divisions. The Supervisory VSR performs traditional supervisory duties and responsibilities for the positions for which he/she has delegated supervisory authority. This position description is intended as a benchmark position description to be used VBA-wide in transition and, at the discretion of local management, may continue at full implementation of the BPR vision.

Title and Series Determination: Supervisory positions are classified in the most appropriate occupational series for the work supervised. This position supervises VSRs and RVSRs as well as Program Support Clerks. The VSR and the RVSR positions perform the substantive work of the team and these positions are classified to the GS-996, Veterans Claims Examining Series. Currently, the record keeping system is programmed to record the title Supervisory Veterans Claims Examiner for this position. The BPR Team identified the title for principal positions in the reengineered environment as Veterans Service Representatives; therefore, a new title will be required in the personnel and payroll record keeping system (PAID-OLDE/PAYVA). This position is determined to be properly titled and assigned: Supervisory Veterans Service Representative, GS-996.

Grade Determination: Positions that oversee the accomplishment of work through the supervision of others and that require technical competence related to the work directed are evaluated in accordance with the General Schedule Supervisory Guide. The guide uses six evaluation factors to determine grade.

Factor 1 - Program Scope and Effect: This factor considers the complexity, breadth, and impact of the program areas and work directed, including its organizational and geographic coverage.

The supervisory position under review is responsible for administrative and technical aspects of claims processing at the RO for the entire State. The work which the supervisor directs is vital to the mission of VBA and can result in award decisions involving the expenditure of large sums of money or denials which can have profound consequences for an applicant and affect other entitlements.

Factor Level 1-3 was selected as appropriate for most ROs. All ROs where this supervisory position will exist are responsible for claims processing for the entire state and sometimes the responsibility may extend to other geographic areas. Irrespective of the relative size of the State, the RO administers the full range of compensation and pension claims processing. Factor Level 1-3 encompasses responsibility for supervising a program that performs complex technical and administrative work for a State or for a population comparable to a small city. The work directed constitutes a significant portion of VBA's line function for the RO's area of jurisdiction.

Factor Level 1-2 was not selected as appropriate for this position at the majority of ROs, because at this level, services are provided to a limited geographic area. It should be noted that level 1-2 may be appropriate for small ROs servicing a population equivalent to a small city. If this level is selected, it will not affect the final grade determination for this supervisory position.

Factor Level 1-4 was judged inapplicable for this supervisory position because the scope of the work directed affects the development of major aspects of VBA's operating programs for headquarters or all field establishments. This does not describe the work of the Supervisor in the Veterans Service Center at the RO.

Points assigned: 550 for the majority of ROs (medium/large) or 350 for small/medium facilities

Factor 2 - Organizational Setting: This factor considers where the supervisory position is organizationally situated in relation to higher levels of management.

For medium to large ROs, this supervisory position will most likely be accountable to the Assistant Veterans Service Center Manager. The Assistant reports to the Veterans Service Center Manager who is accountable to the Assistant Director who reports to the SES Director. Thus under this circumstance, this supervisory position is two or more levels below the first SES position or equivalent highest graded managerial position in the organization.

For medium to small ROs, where staffing is compact, this supervisory position may likely be accountable to the Veterans Service Center Manager who reports directly to the Director who is in the Senior Executive Service or who holds the highest graded managerial position at the facility. Under this scenario, the supervisory position is one reporting level below the first SES or equivalent highest graded managerial level position in the supervisory chain.

Points assigned: 100 (medium to large ROs) or 250 (small to medium ROs)

Factor 3 - Supervisory and Managerial Authority Exercised: Irrespective of the size of a RO, the authority exercised by the supervisor is met at Factor Level 3-2. The supervisor plans and assigns work for the team, assures that performance goals are met, and performs all of the tasks described in paragraph 3-2c of the standard.

Factor Level 3-1 was not selected because at this level the supervisor is responsible for *selected* tasks described in Factor Level 3-2. As noted above, the position description includes responsibility for *all* criteria in the higher level.

Factor Level 3-3 was not selected because at this level the duties and authorities support development of goals and objectives related to high level program management or development and the supervisor directs work through subordinate supervisory staff.

Points assigned: 450

Factor 4 - Personal Contacts: This is a two-part factor: nature of contacts and the purpose of the contacts.

Subpart 4A: For the subject supervisory position, the nature of contacts was evaluated as most appropriately aligned with Subfactor 4A-2. The supervisor has frequent contacts with the general public, higher level managers/supervisors, representatives of interest groups, employees of other Federal agencies, State and local governments.

Subfactor 4A-1 was not selected because contacts are essentially within the work unit or RO. Subfactor 4A-3 was not selected because contacts are routinely with high level or key staff with significant political influence and these contacts are unplanned with the supervisor designated as contact point. While such contact may occur, they are not of such regularity to justify assignment at this level.

Points assigned: 50

Subpart 4B: For the subject supervisory position, the purpose of contacts was evaluated as aligning with Subfactor 4B-2. The purposes of the supervisor's contacts is to ensure that information provided to outside parties is accurate and consistent, to plan and coordinate work and resolve differences of opinion among managers, supervisors, employees, and applicants.

Subfactor 4B-1 was not selected because the purpose of contacts at this level is restricted to an exchange of information with subordinate staff. Subfactor 4B-3 was not selected because contacts as this level are characterized as involving problems or issues of considerable consequence to the program managed, and it more accurately describes contacts for the Manager or Assistant Center Manager.

Points Assigned: 75

Factor 5 - Difficulty of Typical Work Directed: This factor measures the difficulty and complexity of the basic work for which the supervisor is administratively and technically responsible.

HUMAN RESOURCES TEAM REPORT

This supervisory position is administratively and technically responsible for the work of a team of GS-12, RVSRs; GS-11, VSRs; and GS-4, Program Support Clerks. The highest level of base work which constitutes at least 25% of the team's workload is GS-12.

Points assigned: 930

Factor 6 - Other Conditions: This factor considers various conditions which contribute to the difficulty and complexity of carrying out supervisory duties.

This factor is evaluated at level 6-4. Although factor 6-5 includes supervision of positions at the GS-12 level, the description includes duties that are somewhat above that envisioned for the position under review. In accordance with the standard's instructions, the factor selected must "fully meet" the description. Factor level 6-4 accurately describes the conditions affecting this position.

Points assigned: 1120

Conclusion: Listed below is a compilation of the points assigned for the factors in consideration of variations in RO size.

	<u>Medium/Large RO</u>	<u>Small/Medium RO</u>
Factor 1	550	350
Factor 2	100	250
Factor 3	450	450
Factor 4A	50	50
Factor 4B	75	75
Factor 5	930	930
Factor 6	<u>1120</u>	<u>1120</u>
TOTAL POINTS	3275	3225

Excerpt of Conversion Chart:

<u>Grade</u>	<u>Point Range</u>
12	2755-3150
13	3155-3600
14	3605-4050

Based on the excerpt of the Point-to-Grade Conversion Chart from page of 31 of the standard, the position, under either scenario, is determined to be properly graded at GS-13. This position is properly classified as Supervisory Veterans Service Representative, GS-996-13.

A6. VSR Team Leader/Coach

Principal Duties And Responsibilities:

The incumbent serves as a leader for a team or Self-Directed Work Team (SDWT) that is responsible for both customer service (through in-person and telephone contacts) and claims adjudication for benefits under VA's Compensation and Pension Programs. The incumbent acts as the team/SDWT leader or coach by providing a sound base of technical expertise, along with heightened interpersonal skills, and an understanding of small group dynamics to facilitate the team's evolution to a work team that not only properly and timely develops and decides individual claims, but also plans, organizes, and manages all workload management tasks and administrative tasks.

The incumbent helps the team develop sound workload management skills so that all team members understand basic workload management principles from which they can apply a range of techniques to plan and organize the team's assigned direct customer service tasks and claims adjudication tasks in a manner that meets identified VBA's organizational goals.

The incumbent is also responsible for ensuring that the team members learn the skills necessary to decide personnel actions needed for the efficient functioning of the team including filling vacancies, preparing performance evaluations, pursuing disciplinary actions, identifying training needs, and preparing systematic analyses of operations.

Knowledge Required By The Position:

The team leader/coach must:

Possess the knowledge of all phases of claims adjudication and rating activities. The incumbent demonstrates an expert understanding of the steps necessary to receive, control, develop, and decide benefit claims.

Have a familiarity with all phases of the veterans' services activity to interview claimants in-person or over the telephone to elicit information essential to identify and resolve a concern or obtain essential evidence so that a pending claim may be properly adjudicated, authorized, and/or rated.

Understand the relationship of tasks routinely assigned to the clerical support staff, VSRs and RVSRs to assist the team in planning and assigning work.

Possess the ability to gather and interpret a wide range of data addressing service concerns. Further, he/she is able to explain the meaning of the information and recommend appropriate action based on the data. This includes the ability to assess individual team member's readiness for the "certification" process.

Have knowledge of personnel administration and programs to handle or guide team members in deciding issues of labor management and employee relations, provide information to supervisor(s) regarding the performance appraisal systems, and leave administration.

Possess the ability to analyze and interpret laws, rules, and regulations as they affect policies, procedures, and methods of operation.

Have knowledge of the principles of small group dynamics, counseling, and motivational techniques.

Have an understanding of VA's performance indicators, what they measure, what the measures mean, and how the Team/SDWT should use that information in evaluating its ongoing performance.

Supervisory Controls:

The incumbent serves under the general supervision of a Service Center Manager or an Assistant Service Center Manager who provides administrative direction through assignments in broadly defined mission and function terms. The incumbent is required to exercise independent judgment and initiative. Most day-to-day decisions and actions are not subject to supervisory control.

The assistance of the Service Center Manager or Assistant is sought only on matters of program policies and general office management.

The quality of the services rendered, the work performed, and the pace of the team's transformation to full self-direction are subject to review and evaluation by the Service Center Manager or higher management.

Guidelines:

Guidelines include laws and supporting regulations, the Schedule for Rating Disabilities, agency policies, EDP rules-based technology, procedural requirements of the various social insurance and special and supplemental security income programs. These guides are numerous, extensive, and complex.

The incumbent is responsible for determinations of basic eligibility for VA and non-VA benefits and providing information and assistance to veterans and their dependents regarding veterans' rights and benefits under laws administered by VA and other agencies.

The incumbent must demonstrate a thorough familiarity with all laws and regulations pertaining to veterans' benefits and must keep abreast of any new laws, regulations, and operating changes. In addition, the incumbent is expected to exercise sound judgment in interpreting the intent of guides as they apply to specific work areas.

Complexity:

The work consists of guiding members of a team/SDWT — composed of approximately 12-15 predominately “professional” level employees — as they transform from a supervisor-directed work environment to a fully self-directed team environment. It is essential that the incumbent have the ability to identify each team member’s current skills and abilities as well as a course of action to enhance each one’s skills and abilities so that the team develops the abilities necessary to manage both its own work processes and its own administrative needs.

The incumbent must be able to analyze and evaluate the significant aspects of VA’s claims operation to help the team/SDWT either modify current operating instructions or develop innovative ones that provide for the most effective use of the team’s capacities. The incumbent should be able to offer advice and guidance on new systems or operational experiments to improve the team’s productivity and efficiency in deciding claims for veteran’s benefits.

Scope And Effect:

The leader/coach’s efforts provide the framework for the effective functioning of the team.

The work lead is vital to the processes through which the agency directly informs and serves the public. Team conclusions reached and decisions made are normally binding on both the individual team members and the agency. The team’s work results in award decisions involving the expenditure of large sums of money or denials which can have major adverse consequences for an applicant. They may also affect the applicant’s eligibility for Medicaid protection, social services, food stamps, and other forms of income assistance.

As the team evolves to a fully self-directed environment, the leader/coach will develop strategic plans for team improvement through benchmarking and research of best practices.

Personal Contacts:

The incumbent has daily interaction with team members, peers, higher management, and service organization representatives. The incumbent routinely has in-person and telephone contacts with other stakeholders within the RO, at VA medical centers, and other federal, state, and local agencies.

The incumbent may be called upon to interview veterans or other customers either in-person or on the telephone.

As the team evolves to a fully self-directed work team, the leader/coach may contact other federal agencies and private sector business.

Purpose Of Contacts:

Contacts with team members are made for the purpose of assisting them as they identify and resolve unusual work difficulties associated with processing claims for veterans' benefits, sharing information regarding new policies and procedures, and providing advice and guidance. Contacts with higher management and other service center staff are made to exchange information about work operations and to keep management and other stakeholders informed of the team's progress and other information related to the team. The incumbent, for the purpose of improving claims processing or personal contact service, may persuade/negotiate changes in operations with other stakeholders (e.g., VAMC, other RO elements). To develop strategic plans and improve process or service, the leader/coach may contact other federal agencies and private sector business for benchmarking and best practices.

Physical Demands:

The work is sedentary. No special physical demands are required to perform this work.

Work Environment:

The work is performed in an office setting.

POSITION EVALUATION REPORT

Classification Title, Series, and Grade:	Veterans Claims Examiner (Team Leader), GS-996-13 (Currently allowed by the system)
Organizational Title:	Veterans Service Representative (Team Leader), GS-996-13
Organization:	Department of Veterans Affairs, Veterans Benefits Administration, RO, Veterans' Service Center
Position No.	(Locally assigned)
Standards Used:	Human Resources Management Letter No. 05-95-11, dated December 8, 1995, "Guidance for Team Leader Positions" Veterans Claims Examining Series, GS-996 Contact Representative Series, GS-962 Social Insurance Administration Series, GS-105

Background: In 1996, Veterans Benefits Administration's (VBA's) Business Process Reengineering (BPR) team identified a new vision for claims processing. One of the fundamental changes calls for claims processing and appeals to be performed by essentially three positions

working in coordination and collaboration to provide world-class customer service. These positions are the Veterans Service Representative (VSR), the RVSR, and DRO. The Team Leader/Coach position under review will lead a team of VSRs, RVSRs, and Program Support Clerks organized to complete claims processing in accordance with the newly designed processes.

Introduction: The Veterans Service Representative (Team Leader) is an alternative to the Supervisory Veterans Service Representative and replaces present VBA positions of Unit Chief, Section Chief, and Supervisor in Veterans Services and Adjudication Divisions. The Team Leader participates in the work of the team to meet VBA's organizational goals and guides the team's transformation to self-direction. This position description is intended as a benchmark position description to be used VBA-wide in transition and at the discretion of local management may continue at full implementation of the BPR vision.

Title and series determination: In accordance with VA's position classification guidance for team leaders, these positions are classified in the most appropriate occupational series for the work led. This position leads VSRs and RVSRs as well as Program Support Clerks. The VSR and the RVSR positions perform the substantive work of the team, and these positions are classified to the GS-996 Veterans Claims Examining Series. Currently the record keeping system is programmed to record the title Veterans Claims Examiner (Team Leader) for this position. Based on the position description, this leader assures that the work of the team is carried out by performing a range of coordinating and supportive duties and responsibilities. The leader utilizes a variety of coordinating, coaching, facilitating, and consensus-building techniques.

The BPR Team identified the title for principal positions in the reengineered environment as Veterans Service Representatives; therefore, a new title will be required in the personnel and payroll record keeping system (PAID-OLDE/PAYVA). The record keeping system currently allows the parenthetical title, team leader to be coded for appropriate positions. This position is determined to be properly titled and assigned: Veterans Service Representative (Team Leader), GS-996.

Grade determination: Presently, the Office of Personnel Management's classification standards do not provide guidance for team leader positions. VA's guidance found in Human Resources Management Letter 05-95-11 provides that the grade level for team leaders will be one GS grade level above the highest graded nonsupervisory, two-grade interval work led that is carried out for 25% or more of the time by a majority of team members.

The Team Leader is technically and administratively responsible for the work of the team. The highest level of work led is that of the GS-12, RVSRs which constitutes 25%+ of the team's work. Therefore, the Team Leader is determined to be properly graded at the GS-13 level.

Conclusion: Based on available guidance and the evaluation, this position is determined to be properly classified as Veterans Service Representative (Team Leader), GS-996-13.

A7. Veterans Service Representative (Field Examiner)

Principal Duties And Responsibilities:

The Veterans Service Representative is organizationally aligned to the Field Examining or Outbased Activity Unit in the Veterans Service Center. The VSR conducts field examinations involving the appointment of fiduciaries for incompetent veterans and other legally disabled VA beneficiaries or recommends a change from guardianship to supervised direct payment. The "field-based" VSR serves as the primary contact for the veteran and his/her representative/fiduciary and decision maker for compensation and pension claims elicited in the course of field examination activity. The "field-based" VSR explains benefit programs and entitlement criteria, conducts interviews, identifies issues, gathers relevant evidence, adjudicates claims, and authorizes payments for cases that do not require rating decisions, and inputs data necessary to generate the award and notification letter to the veteran describing the decision, the reasons and bases for it. The "field-based" VSR possesses the knowledge and skills (affirmed by certification) to perform the full range of duties that include:

- Determining type of fiduciary, fiduciary qualifications, fund usage, and appropriate action required to ensure all beneficiaries receive benefits to which they are entitled. The incumbent selects the fiduciary and mode of payment determined to be in the best interest of the beneficiary. The VSR determines frequency, timing, or necessity for additional/future field examinations.
- Representing the Secretary in matters pertaining to VA's system of records in probate/civil court proceedings.
- Recommending the adequacy of bonds, ascertaining misuse of funds, and performing special field examinations as requested by Veterans Service Center staff.
- Acceptance of speaking engagements as well as seeking opportunities to disseminate VA fiduciary and other program and benefit information to the public and other agencies.
- Conducting interviews in person with veterans, eligible individuals, fiduciaries, and representatives/advocates. The incumbent explains the full range of VA benefits and all related programs (including disability and death compensation and all pension programs, education, vocational rehabilitation, and other related entitlements, VA health care, home loan guaranty program, life insurance, general Social Security Administration benefit programs, federal and state laws relating to domestic relations, and federal, state, and local assistance programs). The VSR assists individuals with completion of applications and other forms.
- Analyzing the claim and initiating action to obtain all required evidence to support the claim and assisting claimants in obtaining it. The incumbent monitors the claims and takes necessary actions to eliminate unnecessary delays in gathering evidence.

- Adjudicating the claim and authorizing the full payment of benefits as entitled by law, where no rating decision is needed. The "field-based" VSR is fully accountable for proper analysis, appropriate development, and final authorization determinations.
- Utilizing electronic data processing (EDP) technology to input data, generate awards, and correspondence informing the claimant and/or fiduciary/beneficiary of the decision and the basis for the action taken (e.g., award, termination, amendment, or disallowance).
- Making administrative decisions and special determinations relating to qualifying military service, character of discharge, domestic relations, and other matters of law.
- Determining eligibility for special benefit programs relating to loan guaranty, special housing and automobiles, VA hospitalization, outpatient treatment, institutional or domiciliary care, and basic eligibility for vocational rehabilitation.
- Authorizing the work of "field-based" VSRs who are in transition to the full performance level position. The incumbent also mentors and trains other "field-based" VSRs and participates in meetings as requested or scheduled by the supervisor.

Knowledge Required By The Position:

Knowledge of Veterans Benefits Administration's philosophy, objectives, identified outcomes, and the provisions of all laws administered by the Department of Veterans Affairs and their relationship to other related programs.

Broad and detailed knowledge of federal laws pertaining to compensation and pension, education, burial, insurance, distribution of accrued funds of deceased beneficiaries, retired pay, medical treatment, hospital, domiciliary and nursing home care, and the Soldiers and Sailors Civil Relief Act, and VA regulations and procedures which implement these laws including M21-1, M27-1, and M22-2 to explain entitlements and accurately adjudicate and authorize claims.

Detailed knowledge of Title 38 U.S. Code and 38 Code of Federal Regulations and state laws as they pertain to fiduciary matters and incompetent beneficiaries.

General knowledge of other related benefits; i.e., vocational rehabilitation, loan guaranty, as well as related programs including small or disadvantaged business utilization, general Social Security Administration benefit programs, and other federal, state, and local programs that affect veterans to offer counseling about benefit options available to veterans or eligible individuals.

Knowledge of electronic data processing (EDP) systems, including the fiduciary beneficiary system (FBS), benefits delivery network (BDN) and its successor (VETSNET), WANG/MS Exchange, and PC-based programs to utilize rules-based claims processing, monitoring, and correspondence preparation.

HUMAN RESOURCES TEAM REPORT

Knowledge of state laws involving dependency status, social services programs, Medicaid (ACCESS), special income-based local, state, and federal programs.

General knowledge of legal opinions from the Court of Veterans' Appeals (COVA), the Board of Veterans' Appeals (BVA), and state and federal courts having a relationship to VA programs, especially those applicable to incompetency, conservatorship, and guardianship.

Lay medical knowledge to include anatomy sufficient to facilitate sound adjudicative/award decisions and decisions involving behavior which may be regarded as a reflection of incompetency.

Knowledge of community resources for referral purposes, including local and state welfare operations, state and local courts, food banks, church groups, private charities, and similar organizations which assist people in need.

Skill in conducting professional interviews that yield the necessary data essential to make a proper decision on a claim, assess competence and provide correct benefit information to claimants. Interviews are conducted in a wide variety of settings — offices, private homes, prisons, nursing homes, hospitals, psychiatric facilities, taverns, and social clubs. Interviews are frequently with people who are severely emotionally disturbed and who may be physically dangerous.

Skill in written communication to inform claimants of evidence requirements, the decision, the reason and bases for it, and further appellate rights.

Ability to evaluate physical, personal, and other forms of evidence to aid in drawing sound conclusions.

Ability to work in a team environment, if so organized.

Supervisory Controls:

Duties and work assignments are performed under the general supervision of the Manager or Assistant Manager of the Veterans Service Center.

The majority of assignments are performed away from the office in work situations requiring reliance on acquired knowledge and the "field-based" VSR's own initiative. The VSR works independently to manage claims' workload using judgment, guidelines, and EDP support technology. The "field-based" VSR has final signatory authority to award, terminate, amend, or disallow benefits on all claims to include difficult and complex cases, when a rating decision is not required.

The "field-based" VSR consults the supervisor only when confronted with issues involving policy or potentially sensitive matters.

Assignments are diary-controlled by specifically assigned territories and are spot-check for conformance to measures and goals. Reports of field examinations and claims decisions are reviewed under existing quality control instructions.

Guidelines:

Guidelines include federal and state laws and supporting regulations, agency policies, EDP rules-based technology, procedural requirements of the various social insurance and special and supplemental security income programs. These guides are numerous, extensive, and complex. The incumbent must decide between alternative guidelines and must interpret applicable provisions. The "field-based" VSR must exercise a high degree of independent judgment, skill, and initiative in adapting to personal situations and applying guidelines and procedures to individual case circumstances.

Complexity:

The work requires a comprehensive and thorough knowledge base to explain programs, elicit claims and related claim information, determine initial and continuing disability benefits, and the reconsideration of initial and post-entitlement decisions. The "field-based" VSR must also be able to deal with issues related to mental illness, including sources of assistance, the court systems, and associated entities. The "field-based" VSR analyzes substantive issues or procedural matters in each case ranging from routine to complex, in order to determine required action. The "field-based" VSR weighs all relevant factors against controlling policies and regulations in order to reach a sound conclusion. The VSR makes final determinations on all claims which do not require a rating decision.

Scope And Effect:

The work is vital to the processes through which the agency directly informs and serves the public. Conclusions reached and the decisions made are normally binding on both the agency and the claimant. The decisions by the "field-based" VSR can result in award decisions involving the expenditure of large sums of money or denials which can have major adverse consequences for an applicant, particularly as related to decisions of incompetency. They may also affect the applicant's eligibility for Medicaid protection, social services, food stamps, and other forms of income assistance.

Personal Contacts:

Areas of program coverage are general and all segments of the general public may be encountered as potential veteran applicants, beneficiaries, designated representatives, the legal and judicial community, social service networks, and employees. Contacts are made with other agencies and institutions providing other payments and services. Personal and telephone contacts also occur with other VA employees, other government employees, and congressional affairs staff. Of critical importance are the regular contacts with incompetent beneficiaries who frequently are confused, non-communicative, and occasionally dangerous.

Purpose Of Contacts:

Contacts with the general public are made to explain the programs and to elicit information upon which entitlement, post-entitlement, and reconsideration decisions are made. Contacts with other agencies and institutions may involve negotiating to obtain information or to represent a claimant's needs or rights to payment or services. Much of the eligibility information is acquired through interviews conducted which may involve probing of very personal and/or sensitive situations. The "field-based" VSR must also be able to satisfactorily explain complex rules and requirements to individuals who may be hostile, uncooperative, antagonistic, fearful, concealing information, mentally ill, and possibly dangerous. The "field-based" VSR must control the interview and keep it on track to orchestrate the desired objective.

Physical Demands:

The work normally involves mental rather than physical exertion. However, the work requires extensive driving and meeting people at outbased sites — sometimes remote, away from the RO setting. The work is mostly sedentary.

Work Environment:

Most work is performed in office settings, private homes, institutions, automobiles, hospitals, and nursing homes. Occasionally, an applicant or beneficiary may become unruly, threatening, or violent. The incumbent must exercise good judgment and professional demeanor in attempting to calm the situation.

Other Significant Facts:

The "field-based" VSR may be required to accept out-of-town, overnight assignments on a recurring basis.

A valid driver's license is required.

POSITION EVALUATION REPORT

Classification Title, Series, and Grade: Veterans Claims Examiner, GS-996-11
(Currently allowed by the system)

Organizational Title: Veterans Service Representative, GS-996-11
(Former Field Examiner)

Organization: Department of Veterans Affairs, Veterans Benefits Administration, RO, Veterans' Service Center

Position No.: (Locally assigned)

Standards Used: Social Insurance Administration Series, GS-105
Contact Representative Series, GS-962
Veterans Claims Examining Series, GS-996
General Inspection, Investigation and Compliance Series, GS-1801

Background: In 1996, Veterans Benefits Administration's (VBA's) Business Process Reengineering (BPR) team identified a new vision for claims processing. One of the fundamental changes calls for redesigned core processes performed by a single Veterans Service Representative (VSR). Among other duties, field examiners currently adjudicate and authorize claims related to incompetency. The position description under review builds on the field examiner duties and responsibilities and incorporates these duties into VSR position identified for the reengineered environment.

Introduction: The "field-based" VSR position replaces the present VBA position of field examiner. During the course of accomplishing field work, field examiners encounter many veterans and eligible beneficiaries. To take advantage of current knowledge and skills and the opportunity for outbased public contact, it was determined a logical extension to incorporate the field examiner duties under the VSR position, expanding the duties and responsibilities to include adjudication and authorization of other claims they may encounter or elicit during the normal course of conducting business. Because of the unique nature of incompetency cases, it was further determined that this outbased activity would remain a discrete unit organizationally aligned under the Service Center in the reengineered environment. The "field-based" VSR will have ownership of each claim to which he or she is assigned or solicits, forge a partnership with the veteran and his/her advocate, and be accountable for his or her decisions and actions. This position description is intended as a benchmark position description to be used VBA-wide on full implementation of the BPR vision.

Title and series determination: The Series identified above were considered to determine the proper title and series for the position under review. The primary purpose for which the position exists is to explain benefit programs and entitlement criteria, conduct interviews and field examinations to determine the appropriateness of appointing a fiduciary for incompetent veterans or recommending the veteran receive payment under supervised direct pay. The VSR also identifies issues, gathers evidence, adjudicates the claim, and authorizes payments for cases that do not require rating decisions. For specific and uncomplicated cases, the

incumbent will evaluate the case and prepare a rating decision for the signature of the RVSR. All other cases requiring a rating decision are transferred to the RVSR.

These claims duties are contained in the Veterans Claims Examining Series, GS-996, the public contact duties in the Contact Representative Series, GS-962 Series, and field examining duties in the General Inspection, Investigation, and Compliance Series, GS-1801. The GS-105 Series includes positions that involve managing, supervising, or performing work concerned with the administration or operation of national social insurance and needs-based benefit programs similar to those found in VA. Sound classification principles require that a position be classified to the series which is most closely related to the work covered by an occupational series. While the type of duties and responsibilities under the GS-105 Series closely align to those required by a VSR, the existence of the Veterans Claims Examining Series, GS-996 and Contact Representative Series, GS-962, albeit outdated (1963 and 1971), preclude assignment to the GS-105 Series. The General Inspection, Investigation, and Compliance Series, GS-1801 was not chosen for assignment because the enhanced position description now has as the predominant responsibility adjudicating and authorizing substantially for incompetency cases, but additionally for other claims he/she may encounter or elicit. The qualifications required for claims examining are materially higher than those required for personal and public contact work and they are fundamental for effectively performing the field examination work; therefore, the GS-996 Series was determined to be the proper series for classification purposes. Currently, the record keeping system is programmed to record the title Veterans Claims Examiner for this Series. The BPR Team identified the title for the enhanced position as Veterans Service Representative; therefore, a new title will be required in the personnel and payroll record keeping system (PAID-OLDE/PAYVA). This position is determined to be properly titled and assigned: Veterans Service Representative (VSR), GS-996, in the Outbased Activity Section.

Grade Determination: The position description was written in the Factor Evaluation System (FES) format because this format includes sufficient information to allow classification of a position using either a narrative or FES standard. The narrative Veterans Claims Examining and Contact Representative Series will be used to determine grade. The GS-1801, General Inspection, Investigation and Compliance Series will not be used as the standard does not provide grade level descriptions. As well, grade determination will be validated by cross-reference to the Social Insurance Administration Series, GS-105, which describes types of duties and responsibilities that closely correlate to the work of a VSR.

Veterans Claims Examining and Contact Representative Series: Both these narrative format Series utilize two factors: Nature of Claims/Contacts and Authority Vested or Level of Responsibility to determine grade.

As described, this "field-based" VSR position includes claims processing and duties and responsibilities that clearly match the nature of work descriptions at the GS-11 level. At this level, VSRs are expected to conduct field examinations and adjudicate the full range of claims involving unusually complex or novel issues (e.g., incompetency, character of discharge, domestic relations, homicide, presumed death, line of duty, willful misconduct, and violations of U.S. Penal Code). Additionally, the VSR authorizes the full payment of benefits as entitled by law, where no

rating decision is required. This level of authority also aligns with the standard at the GS-11 level. The GS-9 level in the standard was reviewed; however, it was determined to be inappropriate because payment of benefits based on adjudication typically occurs after technical review of the determination by an authorizer. The VSR's authority as outlined in the position description clearly exceeds the GS-9 authority level in the standard.

The VSR's responsibility for personal contacts with the veteran and his/her advocate/representative/fiduciary take on increased importance in the redesigned claims process. The VSR must possess a comprehensive knowledge base to provide correct benefit information to claimants and possess professional interviewing skills that can focus issues to yield the necessary data to make a proper decision on a claim. This responsibility is even more challenging for the "field-based" VSR who deals on a regular basis with incompetency issues. The VSR is also expected to accept public speaking engagements and solicit opportunities to discuss VA programs and benefits. The nature and level of public contact equates to the GS-10 description in the Contact Representative standard. The VSR must be knowledgeable of community programs, establish effective contacts and networks to provide benefits and services to claimants. The GS-9 grade level requires that the incumbent provide information on the full range of benefits and related programs and is responsible for other benefit coordination contacts, but they are not responsible for the degree of community program coordination and networking that is required of the VSR for the position under review.

The claims examining component of this position was evaluated at the GS-11 level and the personal and public contact component at the GS-10 level. While both are equally important for the VSR, the claims examining component represents the primary work and the paramount qualifications required to hold this position and, consequently, is grade controlling. Therefore, evaluation using the 1963 claims examining and 1971 contact representative narrative standards, results in a tentative grade of GS-11.

As noted above, the 1993 Social Insurance Administration Series, GS-105, describes duties, responsibilities, knowledge, and abilities that closely parallel those required of a VSR. A cross-comparison will be accomplished to validate the tentative grade determination reached by use of the narrative standards above. Factor Evaluation System point assignment and narrative comments follow:

<u>Evaluation Factors</u>	<u>Points Assigned</u>	<u>Standards Used</u>	<u>Comments</u>
1. Knowledge Required by the Position	1250	FLD 1-7	See Below
2. Supervisory Controls	450	FLD 2-4	See Below
3. Guidelines	275	FLD 3-3	See Below
4. Complexity	225	FLD 4-4	See Below

HUMAN RESOURCES TEAM REPORT

5. Scope and Effect	150	FLD 5-3	See Below
6. Personal Contacts	145	FLD 2	See Below
7. Purpose of Contacts		FLD c	
8. Physical Demands	5	FLD 8-1	
9. Work Environment	<u>5</u>	FLD 9-1	
Total Points Assigned	2505		
Grade Conversion	GS-11		

Factor 1 - Knowledge Required by the Position: Factor Level Description (FLD) 1-7 is assigned. FLD 1-6 was not selected, because at this level, while the incumbent is comprehensively knowledgeable of laws, regulations, policies, and procedures to adjudicate entitlement to benefits and related programs, he or she is not responsible for the approval or authorization of benefits. As well, FLD 1-8 was not selected, because at that level, the incumbent is the recognized technical expert who resolves issues of dissatisfaction involving claimants and/or their advocates or representatives. While the VSR is expected to provide complete information concerning the adjudication and/or approval of a claim for benefits to gain acceptance of the decision, he or she is not the final authority for resolving issues of dissatisfaction. FLD 1-7 accurately reflects the knowledge, skills, and level of responsibility for field work, adjudication, and authorization expected of the VSR. Points assigned = 1250

Factor 2 - Supervisory Controls: FLD 2-4 is assigned. This factor provides only two possibilities 2-3 and 2-4. At both levels, the supervisor sets the overall objectives and employees independently carry out designated assignments. At FLD 2-3, the incumbent determines benefits eligibility and entitlement, develops evidence, and "prepares justifications" for award, termination, amendment, or disallowance; however, the incumbent is not responsible for authorization or approval. FLD 2-4 describes claims processing that more appropriately aligns with that envisioned for the VSR. Claims go directly to the VSR, the VSR plans and carries out assignments, determines the methods and contacts, and the VSR independently approves or authorizes claims not involving a rating decision. Also, at FLD 2-4, work products may be sampled to discern trends and effectiveness in meeting organizational goals. This is consistent with the process envisioned for certification and recertification for the full performance level VSR position. Points assigned = 450.

Factor 3 - Guidelines: FLD 3-3 is assigned. The other available FLD 3-4 is more appropriately assigned to the "expert" who must interpret guidelines that are broadly stated and/or who resolves reconsiderations or notices of dissatisfaction. Points assigned = 275.

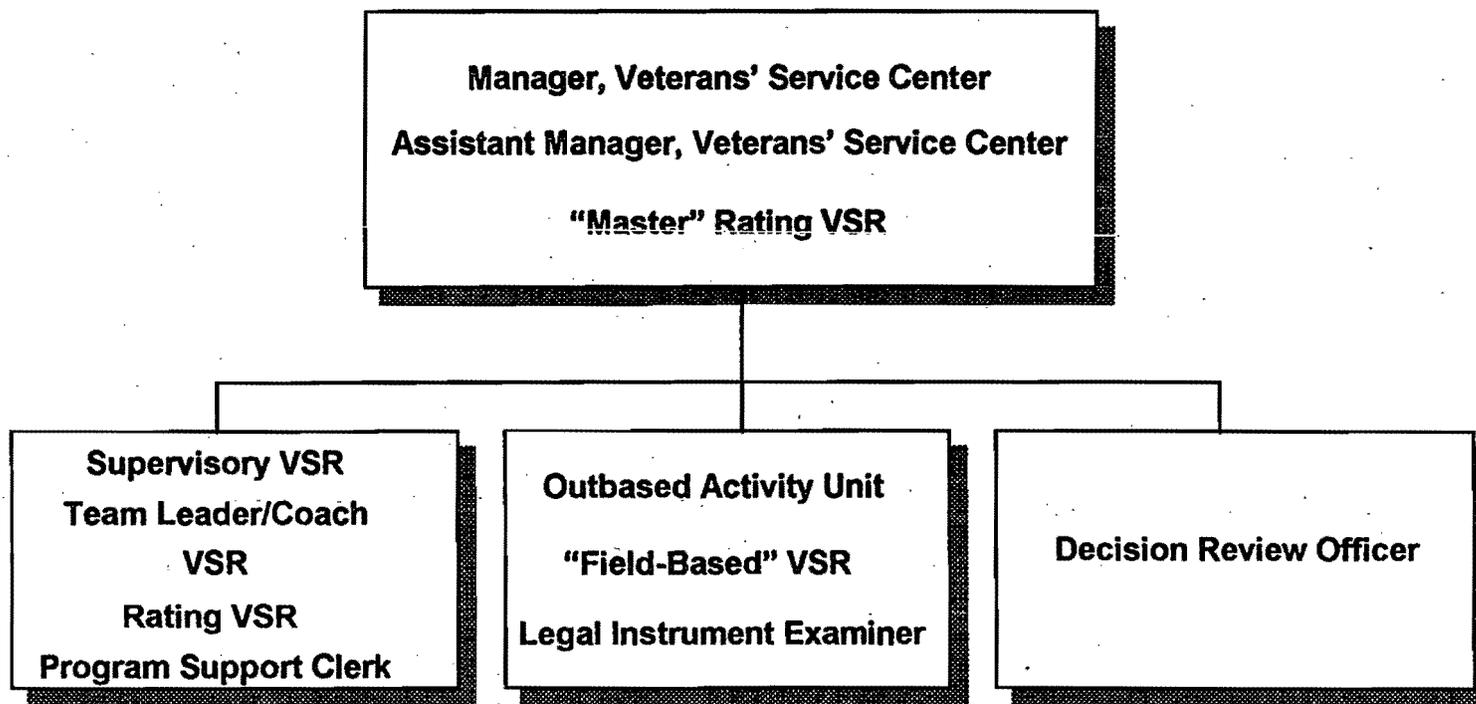
Factor 4 - Complexity: FLD 4-4 is assigned. Factor 4-3 was considered but not assigned, because it indicates that the work is relatively straightforward and consists of examining documentation, evaluating if all requirements are satisfied, determining entitlement, and arriving at a decision concerning the types and amount of benefits that are applicable. Some of the VSR's work may be straightforward, but it also involves features that complicate the work including incompetency and other unusual circumstances or events in the lives of claimants which can be problematic. The degree of complexity found in the subject description is consistent with the narrative at FLD 4-4. At this level, work includes gathering and assessing conflicting information, identifying issues, sorting out the elements contributing to complications, and arriving at decisions that resolve problems. FLD 4-5 was not considered as it more appropriately deals with overlooked issues and innovative analyses to resolve disputes. This is not the role of the VSR. Points assigned = 225.

Factor 5 - Scope and Effect: FLD 5-3 is assigned. At this level, the purpose of the work is to analyze, evaluate, adjudicate and/or authorize cases using established criteria. Decisions result in determining entitlement and granting, terminating, amending, or denying benefits. This is consistent with the purpose and impact of the "field-based" VSR's work. FLD 5-4 was judged inappropriate because at this level the work involves resolving cases that exclusively contain unusual issues or situations similar to duties involved with rating activity. Points assigned = 150.

Factor 6 and 7 - Personal Contacts and Purpose of Contacts: Factor 2c is assigned. Contacts are with employees of the agency; veterans, their advocates, representatives, physicians, attorneys; and federal, state, local government employees. At this level, the purpose of contacts is to question individuals in order to make decisions on claims and counsel them on acceptable kinds and sources of evidence to support claims. Employees clarify conflicting information through probing interviews to determine the validity of statements and evidence. Contacts are with people who are often hostile, uncooperative, antagonistic, fearful, concealing information, mentally ill, and possibly dangerous.

Factors 8 and 9 - Physical Demands and Work Environment: Only one FLD is possible — FLD 8-1 and 9-1, respectively.

CONCLUSION: Evaluations under both the narrative and FES formats resulted in a grade level determinations of GS-11. This position is determined to be properly classified as "field-based" Veterans Service Representative, GS-996-11.



VSR -- Veteran Service Representative

Figure A-1: Proposed Organizational Chart

APPENDIX B. VSR SKILL BLOCKS

GS-5 Veterans Service Representative (VSR)

- Knowledge of basic/simple development for dependents
- Knowledge of eligibility requirements for burial, plot, and transportation allowance
- Knowledge of when to defer for service-connected death ratings
- Knowledge to generate burial allowance or disallowance
- Ability to process headstone disallowance
- Knowledge of when and how to complete application for burial marker
- Knowledge of how to develop for service medical records (including using VA form 3101) and private medical records
- Ability to process a Notices of Dissatisfaction, appeals, and remands using Notices of Dissatisfaction screens
- Knowledge of how to verify service data
- Knowledge of how to develop complex cases (e.g., PTSD, remand, reserve unit, OD, severance/retired pay, fire related cases)
- Knowledge of how to input exam requests and to access other information in the AMIE system
- General knowledge of functions and responsibilities of all Divisions in the RO
- Knowledge of income limitations for pension benefits and Parent's DIC (including knowledge of where to find this information) and to develop for same in non-complex situations
- Ability to process authorization actions and correspondence associated with simple ratings (e.g., straight denial, claims that are not well-grounded, confirmed & continued ratings, excessive income, no wartime service)
- Ability to process denials for failure to prosecute
- Ability to do initial processing of Eligibility Verification Reports (EVRs)

- Ability to add/remove dependent children to Compensation awards (includes school-age and helpless children)
- Ability to process old law and 306 EVRs (except for the removal of a spouse)
- Ability to input direct deposit tracer requests
- Basic understanding of all VA programs and knowledge of where to direct claimants who need services other than those offered in the Veterans Services Division
- Knowledge of M21-1 and where information is located within the manual
- Ability to interpret laws, regulations, and procedures
- Ability to use tools such as EDP technology and other systems as well as the ability to edit letters and other documents in a grammatically correct and easily understood format
- Ability to conduct simple telephone and walk-in interviews
- Ability to explain initial claims processing to claimants
- Ability to do basic arithmetic/mathematical calculations

GS-7 Veterans Service Representative (VSR)

- Ability to process compensation claims
- Ability to determine effective dates for awarding benefits
- Ability to develop and process complex dependency issues
- Ability to process requests for specially adapted housing
- Ability to process requests for automobile allowance
- Ability to process disability and death pension claims (live and death)
- Ability to process claims for Parents' DIC
- Ability to make income adjustments
- Ability to process pension elections
- Ability to process Parents' DIC triennial reports

- Ability to prepare correspondence for rating and authorization issues
- Ability to process all EVRs/IVM cases (including removal of spouse)
- Ability to use the WIPP System to control timeliness on claims
- Knowledge of continuous cohabitation requirements
- Ability to communicate with people from a variety of backgrounds and with varying levels of understanding
- Knowledge of and ability to explain laws, regulations, and benefits affecting veterans
- Ability to read and interpret Treasury Payment screens
- Ability to convince others to accept facts or decisions which they may find disagreeable
- Ability to recognize a potentially dangerous situation
- Ability to conduct personal and telephone interviews in a way that ensures that all pertinent information is obtained and provided
- Knowledge of the entire claims process to include the ability to discern the stage of a pending claim in order to respond to a customer's inquiry
- Knowledge of when to consult with peers to provide accurate information
- Ability to administer oaths, take affidavits and certify to the correctness of documents

GS-9 Veterans Service Representative (VSR)

- Ability to process DIC awards based on rating decision or death in service for surviving spouse and children
- Ability to make administrative decisions (e.g., error, line-of-duty, COD)
- Ability to make net worth determinations
- Ability to request field examinations
- Ability to process clothing allowance requests
- Ability to process claims for apportionments

- Ability to make hospitalization adjustments due to estate over \$1500
- Ability to make complex income adjustments
- Ability to adjust awards for incarcerated veterans
- Ability process dual entitlement cases
- Ability to process severance pay cases
- Ability to process retired pay cases
- Ability to use correct due-process procedures
- Ability to process incompetency cases
- Ability to process accrued claims
- Expert level of counseling with familiarity of insurance, loan guaranty, VR&C, education, healthcare benefits, and homeless programs, and benefits administered by other federal and state agencies
- Ability to conduct interviews in an efficient, courteous, and professional manner in person or by telephone with individuals who difficult or hostile
- Knowledge of ancillary compensation benefits such as special monthly compensation, automobile allowance, clothing allowance, automotive adaptive equipment, specially adapted housing, and HISA grants

GS-11 Veterans Service Representative (VSR)

Further development of GS-11 skills blocks is pending.

APPENDIX C. Position Transition

Pre-Merger	Merging	Post Merger
Existing Positions include: -File Clerk -Program Clerk -Development Clerk -Claims Control Clerk -Correspondence Clerk -Mail Clerk -Claims Clerk.	Clerical employees will begin to acquire additional knowledge in the following areas: -Claims establishment -Mail and file -Correspondence -Claims processing system.	Program Support Clerk GS-4 will demonstrate knowledge of: -Claims establishment -Mail and file -Correspondence -Claims processing system.

Table C-1: Position Transition: Clerical Positions GS-3, GS-4, and GS-5

Pre-Merger	Merging	Post Merger
VCEs process claims.	VCEs continue to process claims while beginning to acquire counseling skills in preparation for progression to the GS-10 (combined VBC/VCE position).	As VSRs, these employees will be acquiring necessary skills culminating in certification at the GS-11 level.
VBCs counsel customers.	VBCs continue to counsel customers while beginning to acquire claims processing skills in preparation for progression to the GS-10 (combined VBC/VCE position).	As VSRs, these employees will be acquiring necessary skills culminating in certification at the GS-11 level.

Table C-2: Position Transition: VBC/VCE/VSR GS-5, GS-7, GS-9

Pre-Merger	Merging	Post-Merger
This level exists only where the VBC/VCE positions have been combined. As offices prepare to merge, VBCs GS-9 receive training in claims processing. VCEs GS-9 receive training in counseling and interpersonal skills.	VBC/VCEs at the GS-10 level, soon to be VSRs, will continue to refine counseling and claims processing skills in preparation for certification as a GS-11 VSR.	Vacated GS-10 positions are abolished and do not exist in the BPR environment as of FY02.

Table C-3: Position Transition: VBC/VCE Combined Position GS-10

Pre-Merger	Merging	Post-Merger
GS-11 Senior VCEs adjudicate more complex issue cases and authorize claims prepared by the GS-9 VCEs. Rating analysts prepare "simple" ratings.	GS-11s continue to authorize and/or prepare "simple" ratings and begin to receive training in interpersonal skills and interviewing techniques. Upon completion of this training they will counsel customers and apply traditional VBC skills.	Certified VSRs counsel, adjudicate claims, prepare "simple" ratings, process single-signature awards, and develop claims.

Table C-4: Position Transition: Senior VCE/Rating Analyst/VSR GS-11

Pre-Merger	Merging	Post-Merger
GS-12 Rating Specialists continue to make rating determinations.	GS-12 Rating Specialists will continue to make rating determinations and receive training in interpersonal skills and begin to more closely interact with peers.	Rating GS-12 VSRs make rating determinations and regularly interact with and/or notify customers.

Table C-5: Position Transition: Rating Specialists/RVSRs GS-12

Pre-Merger	Merging	Post Merger
Hearing Officer conducts hearings. Interacts in a formal, structured environment with service organizations.	Hearing Officer conducts hearings, receives training in interpersonal skills, and interacts less formally with service organization representatives.	<ul style="list-style-type: none"> • DRO resolves issues with customer and makes decisions at hearings or frames issues for appeal. • DRO demonstrates enhanced interpersonal and communication skills. • Demonstrates ability to prudently apply difference of opinion authority.

Table C-6: Position Transition: Hearing Officer/DRO GS-13

Pre-Merger	Merging	Post Merger
Adjudication Unit or Section Chief or VSD Supervisor.	Supervisor or Team Leader/Coach.	Supervisor or Team Leader/Coach.
	Develops ability to manage a combined VSD and Adjudication function.	Technical and workload knowledge in all three of the following areas: -Rating -Development/ authorization -Customer contact.
	Expertise in one or more of the following areas: -Development/authorization -Customer contact, or -Ratings. Receiving training in other technical areas.	Demonstrates: -Enhanced group dynamics skills -Ability to develop employees -Ability to assess employee readiness for certification -Knowledge of performance measures.
	Develops ability to manage change.	

Table C-7: Position Transition: Supervisor GS-11, GS-12, GS-13

APPENDIX D. Workforce 2000 And Beyond

As VBA's workforce ages, we can expect to see a large portion of employees retire early in the next century. For this reason, it is essential that we continue to improve VBA's skills mix, while infusing the organization with "new blood" and transferring its institutional memory.

In 1987 the Hudson Institute predicted that the following skills will be required of the workforce 2000:

- Higher levels of math, language, and reasoning capabilities;
- Research, program management, procurement, monitoring and auditing skills;
- Competence in computer skills; and
- High competency in language skills.

Clearly, the above skills will be required in VBA's future workforce, particularly in the three positions envisioned by BPR. However, the HR Implementation Team believes that additional skills will also be needed:

- Ability to grasp complex legal and medical terminology and principles (particularly for the Rating Veterans Services Representatives and the DROs.) With increased scrutiny by BVA and COVA, our employees will need a solid foundation in medical and legal terminology and principles.
- Ability to work with people and in a team environment. As our ROs establish more and more teams, this skill will be paramount. If we are to become a more cohesive, customer-friendly organization, we must hire and develop individuals who are comfortable working with both their coworkers and the public.
- Ability to learn. World-class organizations are learning organizations.
- Ability to work in a heterogeneous organization. As the workforce becomes more diverse, our employees must be able to successfully interact with people of diverse backgrounds.
- Creativity. As our workforce continues to shrink, we must employ people who have the ability to find new ways to get the job done.

Managerial skills will be in great demand. Future managers will require:

- Visionary skills;
- Strategic planning skills;

HUMAN RESOURCES TEAM REPORT

- Motivational skills;
- Labor relations skills;
- Facilitator skills;
- Flexibility.

With many of our top and mid-level managers retiring in the next decade, we need to identify and develop VBA's future managers.

APPENDIX E. TIPS ON MERGING ADJUDICATION/VSD

Listed below are tips we have gleaned from ROs who have already merged. All tips may not make sense for every office; however, ROs are welcome to use any which will enhance their merger. The tips are listed by category.

Leadership

- Top management must be unwavering in its support. The entire management team must demonstrate a commitment to it, or employees will sense it and not buy in.
- Directors must be cheerleaders and accessible to employees.
- Top management must explain the station is merging divisions and what outcomes/goals it hopes to achieve.

People

- Involve the Union partners at the very beginning.
- Expect many employees to be fearful of change.
- At the very beginning, firmly advise everyone that the merger will happen, and there is no turning back.
- Keep employees informed and involved throughout the process. You cannot over communicate.
- Explain the process to employees.
- Be honest and up-front with everybody.
- Devise a local policy, in consultation with the Union, which states how to handle employees who cannot, or desire not to function in a case-management environment.
- Bring the middle managers into the planning process at the beginning to ensure their buy-in.
- Expect some people to leave as a result of the merger, so plan for their departure up front.
- Recognize that this is a long and arduous process and continue to support and reassure the managers and employees.
- Teach the employees the big picture (BPR, GPRA, etc.) and explain to them the rationale for the merger and how it fits into VA's plans.

- Be particularly sensitive to the needs of the VBCs as they will worry that they will be "swallowed up" by Adjudication.
- Develop a road map that will enable employees to see where we are going.
- To reduce uncertainty, advise employees of the Unit or Team they will be assigned to as quickly as possible.
- Since some supervisory jobs will be eliminated as a result of the merger, be especially sensitive to the needs of these individuals and assure them that they will continue to be an important part of the RO.
- If possible, bring in case managers from other ROs to meet with the VBCs and VCEs in order to allay their fears.
- Stress learning, read articles, books, etc.
- Give clear expectations of behaviors needed to refine the transition. When unacceptable behavior is demonstrated, talk to the individual.

Planning

- Appoint a Design Team to design the change and a Steering Committee to facilitate it.
- Top management must accept responsibility for and support the Design Team/Steering Committee.
- Carefully plan for the change before proceeding. Develop a reasonable set of milestones.
- Prepare the organization for change with videos, town hall meetings, written documents, visits from and to other offices who have merged, etc. Continue to communicate with employees throughout the merger process.
- Use a consultant from another RO to help you avoid "reinventing the wheel" and to give you a third party's perspective.
- Frequently touch base with other ROs who have undergone similar mergers and steal shamelessly from them.
- To facilitate the change and to foster buy-in, involve employees at every level of the organization in the planning and implementation of the merger.
- Implement incrementally; don't try and do everything at once. Allow the merger to move at its own pace.
- Do not underestimate the length of time it will take to complete the process. This is not a quick fix.

- Teams should be comprised of a cross-section of talent and experience (i.e., don't stack any "test" teams.)
- Address role of Field Section, VR&C, Loan Guaranty, etc. How do they fit in? This must be in place before the merger can proceed.

Physical Plant

- Analyze the physical plant and redesign if necessary to support a merged division.
- Analyze the phone system and redesign if necessary to support a merged division.
- Identify funding requirements and seek them out as quickly as possible. Plan on this being costly.
- Set up a waiting area(s) that is adjacent, but away from the teams so everyone will not be constantly distracted by visitors.
- When preparing the seating arrangements, pair former VBCs with former VCEs, in order to facilitate informal cross training.
- Seating plans may change based on needs and training priorities.

Workload Management

- Bring the workload down to a manageable point before moving forward.
- When balancing the competing requirements of current workload with the cross training required, solicit assistance from another RO if necessary.
- To avoid overwhelming the teams and to ensure you have enough decision-makers, consider routing some traditional ACD calls to other divisions (e.g., Finance, Loan Guaranty, etc.)

Training

- Ensure you have the right skills mix (e.g., rating skills, authorization, VBC, etc.) before changing.
- Consider the Central Area VBC/VCR training package as a model for cross training. Deviate where necessary to meet local requirements.
- Provide customer training to match the audience. Everyone may not benefit from all the training.
- Consider detailing Adjudication and VSD supervisors between divisions to breakdown organizational barriers, to enhance their skills, and broaden their perspective.

- Consider detailing Adjudication and VSD bargaining unit employees between divisions to breakdown organizational barriers, enhance their skills, and broaden their perspective.
- As training classes progress, get and give frequent feedback from the employees and, when necessary, make adjustments.
- Keep the employees informed during the training cycle. Let them know how they are doing and how much more they need to know.
- Ensure the trainers are supportive of the change.
- While a reasonable amount of up-front cross training is essential, do not over train, as most of the training will occur on-the-job.
- When training VBCs, give them a sufficient amount of classroom time to work cases.
- Start training ex-VBCs well in advance. It takes much longer to train them than it does to train ex-VCEs.
- Don't underestimate training requirements. Training is the key to the success of the merger. You must be willing to make the investment.

Stakeholders

- Bring the service organizations into the process early and frequently solicit their input.
- Apprise all other stakeholders (Congressional staffs, County Service Officers, etc.) of your plans, ask them to be patient during the transition, and let them see the long-term benefits of their patience.

Other

- Do not regard this as a solution to your organizational problems. The problems will persist after you merge.
- To receive maximum buy-in, direct customer service (VSD) must be given equal priority with claims processing (ADJ).
- Be flexible.
- This is a basic philosophical and organizational change. The organization, once having gone through this, will not be able to return to where it was.

APPENDIX F. Internal VBA Consultants From Stations That Have Merged Or Are Close To Merging

Boise

Guy Sakamoto, Service Center Officer (208) 334-1958
Kay Collins, Rating Team Leader (208) 334-1903
Bob Secrist, Service Team Leader (208) 334-1647

Cleveland

Gwen Strahan, Union President (216) 522-3663
Mary Joe Townes, Senior VCE (216) 522-3530 or 3411

Houston

Candice Moore, Coach (713) 791-1444 x3384
Jim Dunphy, Coach (713) 791-1444 x3679

Los Angeles

Stewart Liff, Director (310) 235-7696
Dennis Kuewa, Assistant Director (310) 235-7696
Jerry Manar, Acting Veterans Services Officer (310) 235-7688
Alberta Franklin, Union President (310) 235-7530

New York

Pat Amberg-Blyskal, Assistant Director (212) 807-3055
Robert Dolan, Chief, Veterans Benefits & Svcs. (212) 807-3479
Ben Weisbroth, Asst. Chief, Vets. Ben. & Svcs. (212) 807-4079

Portland

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Providence

(401) 528-4402
Bill Sharp, Space Renovation Coordinator (401) 528-4403
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Salt Lake

Ken Swinson, Chief, Service Center (801) 524-5966
Dave Phillips, Assistant Chief, Service Center (801) 524-5966

Seattle

Bob King, Assistant Service Center Manager (206) 220-6203
Marshall Boyd, Coach (206) 220-2716
Gary Axtman, Coach (206) 220-6177

Sioux Falls

Sueann Ihrke, Adjudication Officer (605) 333-6825

Blueprint for Change

Tab 3

**Information Technology
Team Report**



***Implementation Plan for
Reengineering Claims
Processing***

June 1997

TABLE OF CONTENTS

Section	Page
EXECUTIVE SUMMARY	1
1. INTRODUCTION	2
2. VISION OF CLAIMS PROCESSING	4
3. CRITICAL IT COMPONENTS	6
3.1 Telecommunications Vision.....	6
3.2 FTS 2000 Network	6
3.3 Automated Response System.....	7
3.4 Information Center	7
3.5 Regional Office	8
3.6 Interfaces	9
3.7 Software Functionality.....	10
4. IT DEVELOPMENT STRATEGIES & ASSOCIATED RISKS	13
4.1 General Comment.....	13
4.2 Telecommunications Strategy & Risks.....	10
4.3 Expected Call Volumes	13
4.4 ARS Projections.....	15
4.5 Staffing Considerations.....	15
4.6 Transition Timing.....	17
4.7 Software Development Strategies & Risks.....	17
5. IT INFRASTRUCTURE VISION	19
6. SOFTWARE INTEGRATION	20
6.1 Short Term (Transitions Solutions).....	20
6.2 Long Term Solutions.....	21
7. SOFTWARE EVALUATION	21

8. CONCLUSION	22
APPENDIX A. FUNCTIONAL REQUIREMENTS.....	A-1
Functional Requirements & Telephone Subgroup.....	A-1
APPENDIX B. INTERFACE FUNCTIONAL REQUIREMENTS	B-1
External interface functional requirements:	B-1
Work Process Software Functional Requirements.....	B-1
APPENDIX C. DESCRIPTION OF ACTION ITEMS	C-3
APPENDIX D. IT/TELECOMMUNICATIONS TEAM	D-1
APPENDIX E. GLOSSARY.....	E-1

LIST OF FIGURES

Figure	Page
3-1: Automated Response System	9
3-2: IT Action Items	12
D-1: IT/Telecommunications Team Members.....	D-1
D-2: IT/Telecommunications Technical Consultants.....	D-1

LIST OF TABLES

Table	Page
4-1: Claims/Telephone Interviews.....	14
4-2: Telephone Calls/Claims	14
4-3: FTE Required by Area for IC Calls	16
C-1: Summary of Implementation Tasks.....	C-29

EXECUTIVE SUMMARY

In order for the Veterans Benefits Administration (VBA) to become an organization which provides world class service, we must deliver service at least as well as service providers in the private sector. Comparisons with ourselves in the past must give way to comparisons to contemporary service providers who deliver benefits and services in minutes and days, not weeks and months. Reengineering VBA to provide this level of service will require us to effectively use information technology and telecommunication tools in an organized, thoughtful and effective way. The IT solutions must be in support of a future vision that processes work in a totally different way. The vision must come first, but the information technology solutions are the backbone of the vision.

VBA's vision of claims processing in 2002 is fundamentally different from claims processing today. The process is oriented toward a very rich and productive initial contact with customers and seeks to intake as much data as needed early in the process. The vision of 2002 emphasizes data movement rather than paper and claims folder movement. Where possible, data will be obtained via electronic interfaces. VBA will deliver services through an aggressive emphasis on partnership and trust with claimants and their representatives. The movement of data rather than paper will dramatically reduce delays in queue times and eliminate many of the hand-offs associated with today's process. Rule based technology and an efficient case management application will be the centerpiece for the IT solution. This centerpiece will enable the end user to link to the systems needed to process and complete the claim. Because the data can be accessed by many users, accurate information will be available at any point in the process.

The source of the information with which to populate the data in the system will change. Rather than paper applications mailed, information will be taken via efficient telecommunication systems and the Internet while leaving open the traditional modes of personal contact and mail for those veterans more comfortable with these means. Access to the system will be available for claimants through a computer or telephone. Veteran Service Officers will have the same access should customers prefer to seek their assistance in filing claims or determining the status of prior applications.

The telecommunication systems must provide customers with a wide range of services but must always give the client the choice of speaking with a Veterans Services Representative. Many calls will be handled by Telephone Information Centers (IC) staffed by employees who have access to the data regarding claims. The key components of the Telecommunications Model will be the FTS 2000 Network, Automated Response System (ARS), Information Centers and Regional Offices (RO). The careful blending of these components will result in timely, personal contacts with claimants, minimum blocked calls, and 24 hour coverage.

Though of less immediate impact on a specific claimant's request for services, just as important will be the conversion to a state of the art relational data base in the new corporate structure. The new Veterans Service Network (VETSNET) processing systems will enable VBA, for the first time, to do sophisticated data warehousing and data mining to better understand who our customers are, what their needs are and why some are not successful in their claims. Such

information will better enable VBA to meet veteran needs and make available the kind of data which is essential for both operational decision making and strategic planning.

To achieve the service goals of 2002, VA must effectively link applications that have needed functionality in a seamless manner. No one system can be developed rapidly enough to provide the functionality needed for the vision. VETSNET must be allowed to replace the current Benefits Delivery Network (BDN). Current systems such as Rating Board Automation (RBA), Claims Processing System (CPS), Control of Veterans Records System (COVERS), Intranet, and Automated Reference Materials System (ARMS) must be woven into a seamless tapestry to allow VA staff, representatives and claimants to maneuver through the significant complexity of VA law and procedure in a transparent and understandable manner.

Many of the applications of today have some of the needed functionality, but will require modifications to either exhibit additional needed functions or to effectively interface with the next component. These modifications will provide short term IT solutions that can be used by business users. However, long term solutions will require applications that conform to standard conventions and common interfaces linked to a single corporate data base. This concept will allow development to be conducted on many components in relative isolation, yet be assured that the components will seamlessly interface and share the same data. It will allow for components to be developed in different time frames and at different locations. Finally, it will allow the system to operate without all enhancements being available at the same time. A Board composed of business users, IT support personnel, and representatives from Service Organizations should be formed to assure compliance with the standards and to coordinate the development efforts at centralized as well as field locations. Compliance will allow many interested groups to participate in the development of IT solutions, but avoid the stove pipe nature of our past applications and the myriad of non-linked data bases.

This document provides the functional requirements needed to attain the vision of 2002, the gaps in our current systems and a cost/timeline for making the needed changes.

1. Introduction

The Veterans Benefits Administration (VBA) is making Business Process Reengineering (BPR) the primary tool for bringing about dramatic improvements in contemporary measures of performance in the face of declining resources. BPR assumptions will drive portions of the VBA budget. Given the skepticism by some regarding VBA's ability to deliver dramatic service improvements it is critical that this effort be successful. A recent study showed that many reengineering efforts fail, primarily due to problems with the computer systems used to implement the new processes. For this reason, the information technology and telecommunications portion of the process must be carefully developed and must fully support the new work design.

While the focus of this document is information technology, we believe that new technology in the absence of radical work redesign will render the software solutions ineffective. The BPR vision for future claims processing is such a radical change. For example, there is no real reason why spouse's death pension cannot now, in most cases, be processed in minutes, by

phone call, with the existing systems. Service Medical Records are not always needed. Data already available in existing systems can and should be used. A claim can actually be processed in minutes, instead it is a struggle to reach timeliness goals of sixty plus days. Requirements that a signed application be of record prior to taking the first step must be changed. There must be a willingness by VBA to truly embrace BPR and make dynamic process improvements to bring this organization in line with the private sector. Paperless intake process will require that the public either have individual ability and access to interact electronically or they individually will have to seek information and present claims and inquiries through an "agent", i.e. either a direct contact VA employee, or a non-VA representative with the ability and access - the Veterans Service Organization. This systematic commitment to developing the substantial benefits offered by a paperless environment carries with it stringent obligations to provide both readily available electronic access and full partnership service organization relationships. Both of these obligations are addressed in this action plan.

At the onset it is critical to point out that the IT vision of the future is being developed by looking forward to the dramatic changes that are taking place in the service sector, primarily in private business, in order to mold the vision. The reason for this is that the VBA's performance is compared to services and methods that are available daily to our clients using private sector providers. Put another way, it matters little to the public that we may have reduced the time it takes to receive benefits from two hundred days to one hundred days when the same person can pick up the telephone and have several hundred thousand dollars available to purchase a home in less than ten minutes. Likewise, it matters little that the process of adding a dependent to a compensation award has been reduced to twenty-five days, when the same person can have dependents, automobiles, and houses added to his or her insurance in a matter of minutes with a phone call or E-mail message. These other organizations are neither taking greater risks compared to the days when they delivered service as we now do nor are they providing these dramatic improvements for just improved profit. In fact, they are doing this to survive in the Service Age where many products are indistinguishable except for the service aspect. The dramatic improvements in interfaces have allowed credit reports and other documents to be available almost instantly. The improvements in telecommunications that have resulted in marrying the computer with powerful telephone switches have resulted in much more personalized service and greatly improved access. VBA's success in matching this level of service will allow the BPR effort to match and exceed the performance of other service providers.

This document is focused on technological tools that can radically improve the processing of compensation and pension claims. However, it is important to emphasize that the building blocks outlined are equally applicable to other segments of our services such as Vocational Rehabilitation and Counseling and loan guaranty claims processing. Certain concepts, such as the Corporate Data Base, will make inclusion of additional services much easier and will allow for improved service delivery, primarily through efficient data sharing.

VBA's telecommunications strategy must change not only to support the redesigned work process but also to resolve a long-standing blocked call problem, achieving both with fewer FTE. While new telecommunications technologies and reorganization of how we provide telephone

service will help us meet this goal, an underlying principle that must guide VBA as we implement telecommunications change, is that new technology should result in improved service.

BPR calls for more frequent, personal, and proactive contact among VBA, veterans, and veterans service organizations. Also, in customer surveys, veterans have told us that they want to be able to deal with one person, preferably the one who handles his or her claim. This emphasis on VA initiated customer contact at all phases of the claims process will require telecommunications support at all processing sites. However, resolution of the blocked call problem and telecommunications support for other VA business lines will require use of automated telephone technologies and the adoption of a national strategy to route calls where they can be answered. In implementing changes to telecommunication services to support both BPR and the resolution of the blocked call problem, VBA must coordinate telecommunication strategy with claims process redesign and IT improvements, using improved service to our customers as the compass for directing the course of change.

2. Vision of Claims Processing

The claims process in the year 2002 will be fundamentally different than it is today. Today our system emphasizes the "back end" of the system. Our front end work is often paper intensive and done in preparation for a future action (e.g., disability rating, award, etc.). The 2002 model will be highly front end oriented. Rule based technology and case management are essential elements to the new VBA claims processing system. Access to VBA will be heavily oriented toward telecommunications or other electronic mediums. The use of paper applications have been discarded by many in the insurance and mortgage banking business by the year 1996. If VBA continues in the current mind set regarding paper applications, BPR will have, at best, limited success. The need for front end emphasis and the use of paperless intake systems is a critical building block for the IT solution for four reasons:

- No major organization has gone to a paperless system by trying to convert all of their existing records to electronic records. They have done it by cutting over to a system that loads current records into data fields and retrieves the existing records only when needed. In short, the front end IT solution will lead to a paperless system.
- Dramatic reductions in queue time delays cannot be achieved with paper work processes.
- Electronic interfaces with a paper system makes little sense from a service improvement perspective.
- Effective case management requires immediate availability of data when the system is accessed by the public.

VBA is currently building an information system in VETSNET and CPS that allows for the needed front end service emphasis. In order to compete with the service industry, we must have an information system by the year 2002 that allows for seamless electronic transfer of case specific data to decision makers and integrates additional interfaced information will little human

intervention. The concept of non-value added actions (e.g., re-keying data from a prior step) will not be needed even given the fact that VBA must continue to use systems that will support very large databases. How the system architecture can be designed to provide these dramatic service improvements will be discussed shortly. However, it is important to provide a clear vision of how claims will be processed in the year 2002 and the type of IT support that will be needed.

Claims will be received from a variety of access points to the traditional ones of mail and personal contact but with an increasing trend toward electronic means. Many of these contacts will involve interactions with a highly trained Veterans Service Representative (VSR). The VSR is both a decision maker and a case manager. The VSR will be an integral part of the vision of case management. Case management incorporates both the person and the system that support the process. The electronic tools available to the VSR in this process will be many. The use of standard published interfaces will allow rapid assembly of newly developed components. In addition, external interfaces will allow significantly more final actions to be taken on the initial contact (e.g., adding dependents, changing income, etc.). Further, the VSR's authority to make and explain decisions will eliminate many of the current claims that do not result in favorable outcomes (non-well grounded) and significantly slow our processes. Actions that are outside of the authority for final disposition by the VSR (e.g., disability rating decisions) will be developed, primarily via electronic interfaces with the Veterans Health Administration (VHA), private facilities, and other agencies. Once actions have been initiated, the case will be placed in electronic queue for the Rating Veterans Service Representative (RVSR). All actions will be recorded electronically and available for use should the client need to know the status of the case. The telecommunication system will identify the client to automatically bring the record to the VSR should future contacts be made. The client will always be given choices, but the IT system will provide the data to all VSR's making it generally unnecessary for the client to speak to the same person on each contact. Exceptions may be when dealing directly with the RVSR or the Decision Review Officer. In these cases, the need to quickly resolve issues in complex cases may result in the client dealing directly with the same person.

To meet these needs VBA will deploy VETSNET, a database platform that combines the need to work with a single, corporate data base that is used at various logical levels. The business applications reside at appropriate levels, many distributed closer to the client machine, but all connected with clean interfaces and many linked with network interfaces. The use of standard published interfaces allows development of new business solutions to be done at the most appropriate site and level with the assurance that newly developed components will engage the existing systems seamlessly.

The architecture described above will virtually eliminate the need for additional processing action after final decisions by the RVSR. Since we are moving data, which can be decomposed and reassembled in any display needed, the input items of the decision will also be elements to pay benefits and notify clients of the outcome. The data will be available for post decision reviews and appealed actions. The conformity of distributed applications with the guidelines of the Enterprise Data Model as the corporate data base allows for payment data to update the Benefit Delivery System. While data is constantly being extracted from the Master Data Base for use by the distributed applications, only data needed for permanent storage is returned as updates.

Transitory data drops out after their value has been extracted. Because there will continue to be a need to store text data for legal and analytical purposes, data warehousing will be established to allow for information retrieval for the Decision Review Officers as well as the Board of Veterans Appeals and the Court of Veterans Appeals. If necessary, paper documents can be created from the warehousing queries for third party review.

3. Critical IT Components

In developing the IT Implementation Plan it became clear that three critical areas, although interrelated, were major components of the overall solution. These areas are telecommunications, electronic interfaces, and software functional requirements. While some will argue that hardware should be a major issue, the fact of the matter is that hardware and systems are the byproduct of the size and scope of your IT vision and should not, in and of themselves, drive the nature of the process. This is an important lesson for VA. While the overall vision largely drives the plan, each of these components were also developed with a vision.

3.1 Telecommunications Vision

VBA in 2002 will manage telecommunications under a national strategy that will make available a wide range of options for our customers. Veterans and their families will be able to access information about their benefits and claims through both automated options available 24 hours a day, seven days a week, and by talking to a Veterans Service Representative. Most general information calls will be handled by Telephone Information Center Systems while most claim specific calls will be routed directly to VSRs responsible for handling the callers claim.

The BPR Telecommunications Model has four primary components, each with different basic functions:

1. FTS 2000 Network;
2. Automated Response System (ARS);
3. Information Centers (IC) and;
4. Regional Offices

3.2 FTS 2000 Network

The network component will be the customer's principal telephone access point for VA. Customers will access any VA service by dialing 1-800-827-1000. The network will query the corporate database, using an identifier provided by the claimant, and will route the call to the Automated Response System. The network will balance calls among the different Information Centers and ROs, directing calls to the appropriate location in the order in which they are received. The FTS 2000 network also will provide key management information reports to allow VBA to monitor network performance and demand for service.

3.3 Automated Response System

Each customer, dialing the VA toll free number, will access the ARS with an option to speak directly to a VSR at any stage in the process. The ARS is a collection of automated resources that supplements human resources to answer general customer inquiries and provide basic services. The physical ARS components do not need to be collocated with the human resources, but rather can be geographically separated. Furthermore, the physical ARS components may reside entirely at a VBA site, inside the FTS 2000 network, or some combination of both. The ARS component of this end-state vision focuses on the functions performed, independent of location.

The ARS will be available 24 hours a day, 7 days a week and will offer customers general information about all VA benefits, the location, business hours, and directions to each of our ROs. Customers seeking forms or printed information about VA benefits can have the information faxed directly to them or they can leave their name and address for VBA to mail the information.

Callers will be prompted for their unique identifier such as Social Security number and VA assigned personal identification number (PIN) in order for the ARS to provide access to a range of personal account information for our customers, the status of claims, and the ability to initiate business transactions, consistent with VBA's redesigned workflow. Customers within our case management program will be able to be connected to their Veterans Service Representative (VSR) through the ARS. In cases where the customer does not have a case manager, the customer will always have the option of being connected to a VSR during extended VBA business hours. The ARS will provide VBA with the ability to sort and prioritize calls based on who the caller is and the type of service required. Finally, the ARS will provide management information reports to allow VBA to monitor usage of the various ARS services and ensure that the most useful and popular services are the most easily available.

3.4 Information Center

The Information Center (IC) will serve as the principal electronic access point to VBA information and services in the future. Callers with pending actions will automatically be switched to their case managers. Recorded information will be available. Customers without case managers choosing to speak with someone will be connected to a highly trained VSR who will be equipped with the technology necessary to provide world class customer service to callers. Ultimately, the customer will receive a personalized greeting because identifying information entered into the ARS by the customer will automatically link to the VBA corporate database and "pop-up" the customer's record on the screen of the VBA counselor when the call is connected. This will not only provide a high degree of personalized service but also speed resolution of the call.

Callers will receive personalized assistance from VSRs and will be able to determine the status of any pending action and conduct a full range of transactions. In the relatively few cases

where the Information Center VSRs cannot fully address the issue, the VSR will be able to provide a "warm transfer" of the call to a benefits expert in VBA. A warm transfer is one in which the caller is told that he or she is being transferred and why he or she is being transferred. The information collected from the customer is transferred with the call so that the VBA expert will not have to ask for information again. This approach will also ensure that a customer is not transferred to wait in another call queue or dropped accidentally from the connection.

In cases where the volume of callers requesting access to VSRs requires that the call be placed in a queue, the caller will be informed of the approximate wait time and be offered access to the information in the ARS or to pre-recorded messages that publicize VA benefits, programs or activities. In any case, use of this intelligent queuing function allows the customer to make the decision about whether to wait based on the actual situation.

3.5 Regional Office

VBA Regional Offices will not be required to service the large volume of incoming calls that they service today. The VSR at the regional office will focus on calls related to claims located at the RO. This will ensure that the maximum amount of resources can be dedicated to case processing and personalized service.

To assure timely service during times of peak demand for counselor services, selected ROs will augment VSRs assigned to ICs by linking directly to the IC call queue in a backup mode and taking overflow calls. In addition, this same philosophy will allow VBA to use VSRs located away from the IC to service calls. The notion of "remote servicing" will increase VBA's options for locating staff by allowing outbased VSRs as well as, work-at-home (including the employment of the physically challenged who might be home bound), and flexible shifts.

RO VSRs will be able to call customers using an advanced automated out-dialing system to provide the status of a claim directly to a customer rather than waiting for the customer to call VBA. This service will allow VSRs to queue multiple outgoing calls to automatically call our customers at a time that is most convenient for them and at a time when the VSR is available to take the call. This technology will help avoid "telephone tag" scenarios. Out-dialing could also be used for outreach to selected populations (e.g., women veterans) either by RO or IC staff.

Overflow blocked calls may be routed to VSRs throughout the system to assure timely service during peak call demand times. During these times, selected ROs will assign VSRs to the IC call queue as a backup to handle overflow calls. In addition, other VSRs not assigned to service the ICs or at remote locations, may handle overflow calls. This will increase options to locate VSRs at outbased locations and expand opportunities for work-at-home and flexible work hours.

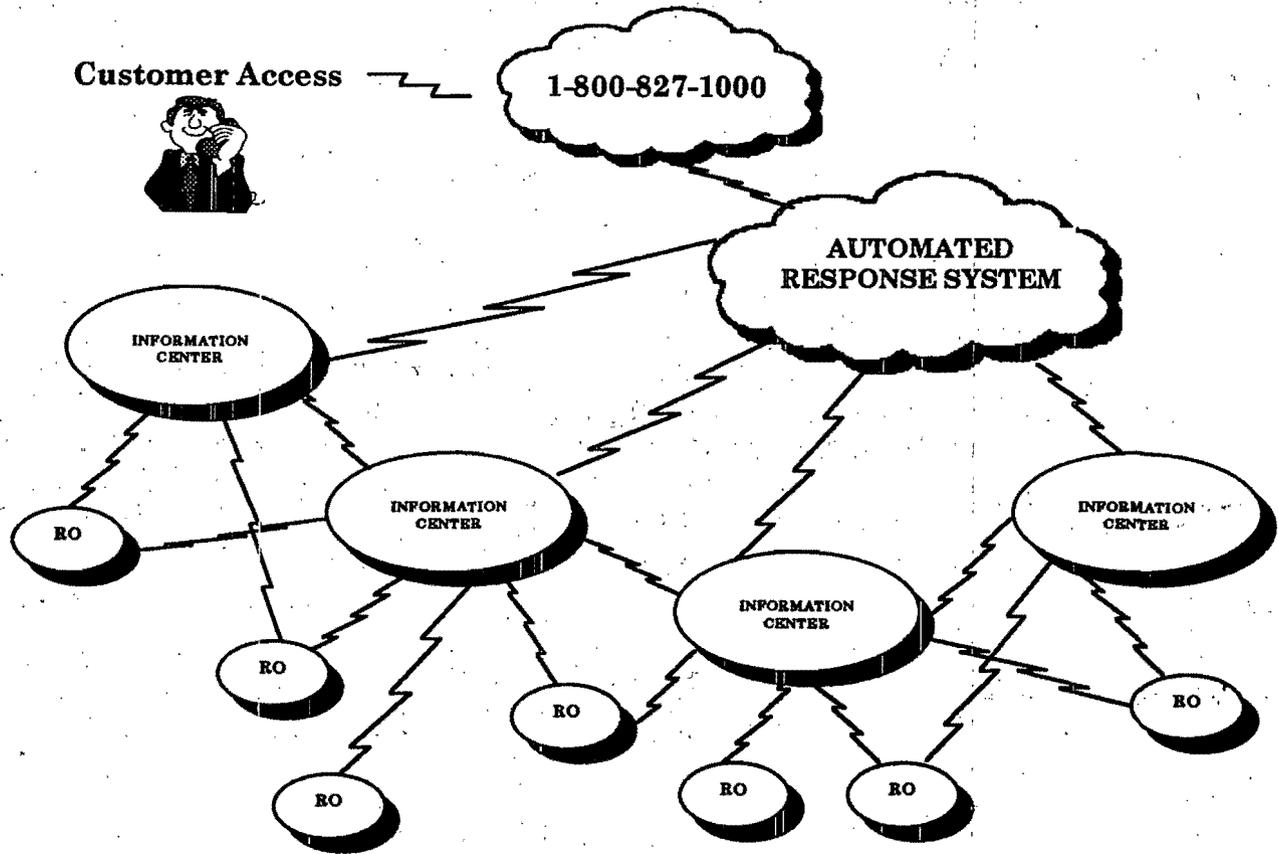


Figure 3-1: Automated Response System

3.6 Interfaces

Currently existing electronic interfaces bring us some of the decision critical information we use in the claims process, but the adequacy, reliability and timeliness of receipt of that information falls short of the principle of having the right information in the decision maker's hands at the earliest point a decision can be made. Adequate interfaces to release VA information

about a veteran in his or her behalf is virtually non-existent. The Compensation and Pension (C&P) Service vision of electronic interfaces supporting the claims process will bring complete, usable decision critical information into the process at the right time and to the right place and people to support process decisions. The support vision provides for creating new electronic interfaces for veteran/public access to provide general benefit information by Internet and with state and local agencies to provide timely and efficient release of VA information to other organizations making their own benefit/entitlement decisions for individual veterans. The vision also includes full access to our systems to meet the commitments required of electronic service organization partnerships.

3.7 Software Functionality

Our current claims processing support systems are characterized by separate, distinct systems that were developed for a particular purpose. For example, the Rating Board Automation (RBA) system provides functionality in the area of producing rating documents. It does not, however, bring forward all of the possible data from prior development, nor does it directly link to the payment of benefits. The processing of 2002 will be characterized by a smooth and seamless transition from application to application. VA's first response to the customer who wish to file a claim will not be to send them the form, but will be to begin processing the claim. Customer satisfaction will be built in from the beginning. VA will foster the spirit of inclusion by asking our partners in the Veterans Service Organizations to use our systems to initiate claims processing.

Interfaces will be used to populate needed data fields eliminating placing unneeded burdens on our claimants. Data that cannot be obtained by interfaces will be entered once. If the same data is needed for a software application further down the process, it will not have to be re-keyed. Screen scraping technology will temporarily fill these needs while more permanent solutions are developed by the VETSNET group. Ultimately, the goal of VETSNET is to provide the functionality within the broad application specifications. However, the short run solution will require a careful linkage of the existing applications, with added functionality to fill gaps needed to reach the IT needs of the vision. By linking existing (albeit modified) applications we can achieve a much higher degree of data movement and present the users with a consistent presentation from which we can move, in background, from application to application.

As Figure 3-2 depicts, there are fifty-nine action items needed to provide the necessary IT infrastructure needed for the vision. Most of these action items are already either under active development, planned or under consideration. This reality reflects the planning done in earlier business modeling exercises, the initial BPR effort and the VBA's efforts to address service delivery shortfalls. All of these items link to one or more of the five basic processes related to compensation and pension. The numbers indicate specific action items listed in both Appendix B and Appendix C. The degree to which we can effectively link these will dictate the success we can achieve in the short run. Existing applications will not provide the needed functionality. We must add some key features. For example, the ability to take electronic applications and begin claims processing by electronic contacts is critical. This building block is missing today and must be added. There are many other IT gaps that must be filled. Appendix A lists the general

requirements in each of the three broad areas of telecommunications, interfaces, and software functionality. Appendix B provides the specific implementation planning actions needed to obtain the functionality. Appendix C gives a more complete description of the action item to include a description and expected benefits.

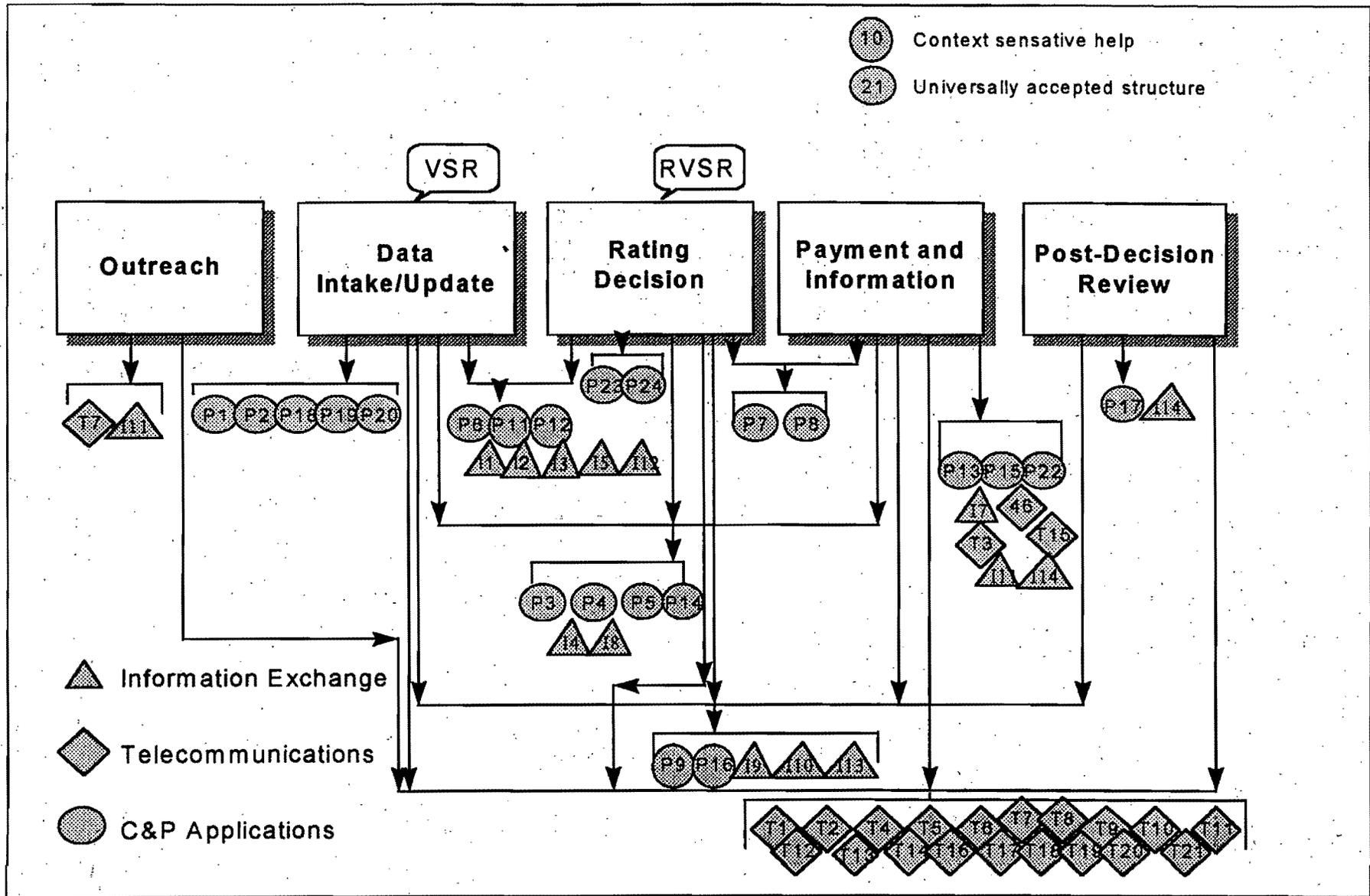


Figure 3-2: IT Action Items

4. IT Development Strategies & Associated Risks

4.1 General Comment

We have reviewed the plans and strategy of the CIO with respect to the development of VETSNET, telecommunications, the development of a modern relational data base with access to all employees throughout the country and the approach to Rapid Application Development and find that it is consistent with the needs of the C&P business line. The following discussion draws on work that the CIO and his staff have done and which we find persuasive from a business perspective.

4.2 Telecommunications Strategy & Risks

The transformation of how VBA provides access to information about VA benefits and services and claims assistance will be affected by two separate but related factors:

- Blocked calls.
- Support of the BPR redesigned C&P work process.

Blocked calls are a long-standing VBA customer service problem that must be addressed immediately while the redesigned claims process presents new telecommunications challenges. VBA decision makers will now have a personal and proactive relationship with their customers, involving personnel who have not talked to customers before, answering calls where they have not been answered before, and using communications strategies that have not been employed to any great extent before.

These issues are interrelated because the transition to the redesigned claims process will occur concurrently with VBA's efforts to adopt a national telecommunications strategy to eliminate blocked calls. Currently, all calls -- C&P claims related, calls related to other business lines and general information inquiries -- are answered in the Veterans Services Division. In the Vision state some of these calls will be handled by VSRs at claims processing locations while other calls may be answered by ARS or by IC VSRs. Both initiatives must be coordinated closely with changes in telecommunications technology, other IT roll-outs, and retraining of VBA employees.

4.3 Expected Call Volumes

The Office of Inspector General (OIG) study in 1995-96 showed that 27% of VBA telephone calls are related to C&P claims issues. Another 10% of calls were classified as "payment inquiries." While the OIG interpreted this category as check status information, many payment inquiries involve claims related issues (e.g., Pension Income limitations). Consequently, many VBA customers consider payment inquiries as being claims related. Also, studies by those

ROs that route calls directly to claims processing teams showed that 42% of total calls are routed to case management teams.

Because more personalized contact with customers is a cornerstone of the redesigned claims process, all claims specific calls should be routed to the RO where the claim will be processed. However, in those cases where a claims related call may be routed to an IC, the IC VSR should handle the call. While remote VSRs at ICs or other ROs will be able to answer many claims related calls by 2002, during the initial phase of telecommunications reengineering (1998-99), approximately 40% of calls will continue to go directly to the RO of jurisdiction. Based on calendar year 1996 call volumes, this translates to 3.7 million calls per year. Conversely, 5.5 million calls can be handled by ICs, using both ARS and VSR response.

Since the redesigned work process will include more applications by telephone and more customer contact with claimants, claims data as well as telephone calls by area (Table 4-1) will help in forecasting anticipated call volumes.

	Calendar Year 1996 Claims/Telephone Interviews					
	Completed Supplemental	C&P Original	Claims Total	Telephone Interviews Total	Claims Related	Other
National	1,374,076	418,316	1,792,392	9,184,788	3,673,915	5,510,873
Eastern	280,001	93,285	373,286	2,047,506	819,002	1,228,504
Central	311,588	91,200	402,788	1,861,193	744,477	1,116,716
Southern	540,834	154,138	694,972	3,175,789	1,270,316	1,905,473
Western	241,653	79,683	321,336	2,100,300	840,120	1,260,180

Table 4-1: Claims/Telephone Interviews

Table 4-2 below shows relationships between telephone calls and claims. This information can be useful in developing area strategies. For example, Western Area receives a significantly higher ratio of telephone calls compared to C&P claims when compared to the Southern Area.

Ratios	Total Calls to Original Claims	Total Calls to Total Claims
National	8.7	5.12
Eastern	8.7	5.49
Central	8.2	4.62
Southern	8.2	4.57
Western	10.5	6.54

Table 4-2: Telephone Calls/Claims

4.4 ARS Projections

An Inspector General study in 1995-96 concluded that 41% of VBA calls could be handled by automated means. Given the demographics of VA's customers and the flaws in the design of the above study, the actual usage will be much lower than this. Many calls to VBA are not simply requests for information. VBA customers are often people in crisis, who are facing a serious disability or illness, loss of job, loss of home, loss of health benefits, or lack of funds to attend school. These customers require empathy, compassion, and understanding, not just information.

VBA's Insurance Service has used ARS and Interactive Voice Response (IVR) since 1995. Their experience shows that 12% of callers initially use IVR. However, only 7% use IVR exclusively (without transfer to an Insurance Specialist). Moreover, the St. Paul IC reports only 5% usage of ARS.

The experience of the Insurance Service, although more conservative, represents a good starting point in projecting the expected benefits of ARS. Once VETSNET is deployed and developed beyond its first iteration, ARS and IVR use will grow. Also, certain populations (e.g. those using education benefits may use ARS to a higher degree). The St. Louis Regional Processing Center is testing ARS/IVR technology but results are limited at this point.

Assuming a 10% **initial** use, 551,087 calls will be handled effectively by ARS. Usage of ARS/IVR could grow substantially by the year 2002 as some of the IVR functions described in the Vision become available. However, use of ARS and IVR must be the **choice** of our customers and development of ARS/IVR technology must include customer input through use of focus groups and customer satisfaction surveys. Easy availability of a VSR **must always** be part of our telecommunications strategy.

4.5 Staffing Considerations

There are significant risks in trying to shift FTE and telephone calls too quickly to ICs. Staffing will be a critical issue both in 2002 and during the intervening years. Overstaffing of IC locations may result in under-utilization of VSRs during slower periods. VBA has a fairly predictable call pattern with more calls during the first week of the month and at the beginning of the week. In planning for staffing at ICs, areas should use the minimum staffing needed for these slower periods. Calls during peak periods can be augmented by RO staff. Conversely, understaffing of ICs could result in a higher blocked call rate than ever, unless there is a heavy commitment from areas to use RO VSRs to augment IC VSRs. As ROs become immersed in the transition to the new claims process, they cannot abdicate responsibility for general phone calls, based on the premise that the "IC will handle those calls".

**FTE Required by Area for IC Calls
(based on 100 calls per day/per FTE)**

		Average Daily Calls	Average Claims Related Calls	Average IC Calls	Less ARS (-10%)	IC FTE Required
M	National	36,593	14,637	21,956	19,760	198
E	Eastern	8,157	3,263	4,894	4,405	44
A	Central	7,415	2,966	4,449	4,004	40
N	Southern	12,653	5,061	7,592	6,832	68
	Western	8,368	3,347	5,021	4,519	45
H	National	48,302	19,321	28,981	26,083	261
I	Eastern	10,768	4,307	6,461	5,815	58
G	Central	9,788	3,915	5,873	5,285	53
H	Southern	16,701	6,681	10,021	9,019	90
	Western	11,045	4,418	6,627	5,965	60
	National	26,347	10,539	15,808	14,227	142
L	Eastern	5,873	2,349	3,524	3,172	32
O	Central	5,339	2,136	3,203	2,883	29
W	Southern	9,110	3,644	5,466	4,919	49
	Western	6,025	2,410	3,615	3,253	33

Table 4-3: FTE Required by Area for IC Calls

Table 4-3 provides data by area showing expected call under varying call demand scenarios. These data show that 83% more FTE are required on high volume days compared to low volume days. The high volatility of incoming telephone traffic is further complicated by the daily patterns which can vary by up to 400% during busy hours compared to slow hours.

The key to dealing with these high volumes of telephone traffic is flexibility and cooperation. Initially, many non-C&P claims related calls will be handled by RO VSRs even though the call may be processed through an Information Center. Shifting of FTE from ROs to ICs may be accomplished over time as ROs complete conversion to VSR positions, as technology such as ARS/IVR is made available, and the effects of these changes are analyzed.

Once IC technology is implemented, overflow calls at one IC can first go to other ICs and then to ROs. This strategy will make the best use of VSRs assigned to ICs. Management of this process should be at the national and area levels. Since VBA will be handling telephone calls using a national strategy, telecommunications managers can project staffing needs.

As ROs complete the transition to Customer Service Centers, calls pertaining to claims should be routed to the VSR or team handling the claim. Some ROs may be able to do this with local call handling equipment while other solutions must be found for those with older equipment.

VA must continue to develop solutions to blocked calls. In most cases this involves the rerouting of blocked calls from one RO to another or to a central point such as an Information Center. Strategies should link to the end state vision depicted in the Vision section, i.e. claims related calls will go to ROs and general calls to ICs with support from ROs. Development of a national telecommunications strategy will also need to be coordinated with other VBA business lines as well as VHA and National Cemetery System (NCS).

4.6 Transition Timing

To achieve the long-term vision of implementing a national telephone system as outlined in the Vision, VBA Telecommunication Service must develop a detailed plan for replacement of local telecommunications equipment with a telecommunications architecture which allows VBA to route customer inquiries to the location where they can receive quick, accurate and complete answers to questions and problems with the first call.

To achieve this vision VBA must determine locations to place telecommunications technology. Initially, Information Centers selected will principally be locations for technology to implement this vision. Ideally, these locations will be collocated at existing RO sites. It is at these ICs that the Automated Response systems will be located. Human VSR support for ICs will be also located at the IC but will need to be supplemented by VSR support from affiliated ROs. The following guidelines are offered to reach the end state:

General inquiry calls may be handled by a combination of ARS, IC VSRs and RO VSRs. The percentage of calls handled by ARS will be determined by the effectiveness of these technologies to provide world class service. We expect that use of ARS will expand over time as technology improves at one location may result in poor productivity during slack periods. Dispersion of VSR support at ROs will provide areas with more flexibility in using VSRs during low call periods. Finally, the mix of IC and RO VSR's will not be static. VBA anticipates that greater call volumes of claims related issues will be able to be handled at remote locations once VETSNET, CPS and other supporting technologies are available.

4.7 Software Development Strategies & Risks

VBA has moved to a more dynamic software development environment which is distinctly different from past practices. This has been driven by the recognition that business needs drive development and business sponsors are deeply involved in the process. We must think in terms of which piece of the solution is being solved by specific projects and work toward linking these parts in a manner that is largely invisible to the end user. Some of the current efforts must continue with no additional mandates if they are to solve short term needs. For example, the VETSNET system must complete the replacement of the current BDN system in order to create a high level data system that is compliant with the requirements of the corporate data model.

However, additional functionality is required. VETSNET will not be in a position to address these additional needs until after the delivery of the BDN replacement.

The solution to having the IT functional requirements in place by 2002 lies both in system design as well as in software integration. We must work from two fundamental assumptions. First, regardless of who develops IT business solutions, or where they are developed, they must comply with standard interfaces and use data fields that are compliant with the corporate data model. This will allow more components to become available since builders will worry less about interface and memory issues and will concentrate on solving the business problems. Further, this concept will allow the assembly of business solutions using both commercial as well as custom-developed components. Second, in order to meet a 2002 timeline, there is a need to develop parts of the IT solution in parallel. Clearly, the need to replace the existing BDN with VETSNET is a high priority. However, the replacement of the BDN and the use of a universal data base is a high level data-service tier that houses the data needed to make decisions. As a result, efforts aimed at creating IT solutions for the problems related to decisions, business rules, and information processing can be simultaneously developed at business-service or user-service tiers. The key to allowing the simultaneous solution of these IT issues revolves, again, around using a common corporate data base and applications at all tiers adhering to standards that allow for seamless integration.

The IT effort should be a shared effort between the IRM, the business line services, and field offices. We believe that the business users of the systems are a critical piece of the solution. If we want user commitment and ownership of our IT solutions for 2002 then we must have a high degree of user involvement. Also, it is critical that business solution applications be developed, tested, and deployed much more quickly than in the past. The criticism VA has felt by the GAO and others has often been aimed at our software maturity and the inability to create timely solutions that deal with today's business needs. In addition to developing new applications faster, we must be prepared to modify applications currently in development to fit with new business models.

The three guiding principles should be:

1. Our business systems must be developed quickly.
2. We must use our IT resources at various levels and not attempt to create inflexible "empires" associated with the bureaucracy of the past.
3. In order to accomplish the two items above, we must have a three tiered system with invisible connectivity between them.

The reality of pressing business needs do not allow us the luxury of entertaining "visions of grandeur" where one great IT solution will envelope or replace the patchwork of applications we now have. Applications such as CPS must be made spokes of business process solutions that link to other applications and information sources. Whether the business process solutions run on local servers or sequent systems will depend upon the size of the data base and the permanency of

the data created as well as the need for access. With access a high priority, most databases must reside in systems that can be accessed from remote locations.

In order to coordinate and integrate the efforts of the various groups, working at various levels, we support the CIO's efforts to create a coordinating body. The members, and the represented groups, are critical, as is the mission. We believe the following characteristics should be an important part of membership:

1. Since the process of 2002 IT development will take place at three levels, members representing each of the levels must participate; Business line managers representing the user level, and VETSNET and 20S representatives at levels 1 and 2.
2. The board must not exercise line authority over any sub-group, but must serve to develop standards for application development tools as well as make sure system components are compliant with the IT platforms.
3. The board would serve to coordinate rapid application development (RAD) efforts at field sites to make sure needed business applications are developed by the most appropriate group. This will result in application development time-frames that are the shortest and applications are developed with the most efficient use of resources.
4. The board would develop a performance measurement system that would provide guidelines for all applications in assessing the degree to which the application addresses current business need gaps and improves our services.

5. IT Infrastructure Vision

Once we all agree that the concept of an corporate data base is essential, the hardware on which the operating system resides should be scaleable in nature. That is, the hardware grows as the database and application grow. By using a cluster, we can manage as a single system but avoid the cost of prohibitively expensive hardware.

The design of the system architecture must provide for certain definable objectives.

- Support our current systems since they must serve us in the short run
- Distribute the functionality to the end user
- Exhibit flexibility for future needs and long term applications

It is important that the infrastructure not just be viewed from the VBA perspective. Our systems of the future will require clean interfaces with VHA as well as with other Government Agencies. In addition, our systems must support veteran and Veteran Service Officers (VSO) access as well as access from outbased locations.

6. Software Integration

The issue of software integration is a very important one and is equally critical to the 2002 vision as the three tier architecture and the concept of the IT Coordination Board. The 2002 systems must have the:

1. Ability to access database information via the Internet
2. Ability to use Telephone Application Interfaces seamlessly to our databases
3. Ability to remotely maintain our databases
4. Ability to seamlessly integrate with our mail system
5. Ability to replicate data to our corporate database system after the claim has been processed; and
6. Seamless access and movement of data from application to application as we process actions.

Application development for the 2002 vision must take place in two phases, a short term (transition) and a long term. The reason for this distinction is based on two facts. First, application planning and costing must take place well in advance making short term time frames difficult. Second, the critical need to replace the BDN and address year 2000 issues will relegate major new application initiatives to the out years.

6.1 Short Term (Transitions Solutions)

There are two groups of transition recommendations. The first group relates to a more efficient linkage of existing applications. An example of this would be the recommendation to use emulation software to migrate RBA data directly to BDN fields and eliminate the double keying of rating data to the BDN (Appendix C, Action Item P8). This will not require BDN changes, but will result in efficiencies. With the power available in the client server environment, the rapid linkage to applications (and the needed data transfers) can be made invisible to the user and will allow us to use very user-friendly presentations without having to reprogram all of our applications. For ease of use, it may be advisable to have a core application from which we can "launch" seamlessly to the modified current applications or new applications. This core application can serve as a "hub" from which we link the various user tools. CPS is a front end intensive program that could be used as a hub. From this, or similar programs, employees could launch to Automated Medical Information Exchange (AMIE) interfaces and other development interfaces.

The second group of transition recommendations relate to the need for VSRs to have case specific information available in order to respond to calls. It is clear that the information must be

available electronically. It is important that VBA adopt a standardized case management tool that contains the following functionality.

- Case specific information regarding development action
- Information regarding received vs. outstanding evidence
- A record of prior contacts and information regarding the contacts

Given the vision to have applications taken by telephone and Internet we must have a core program that will facilitate the flow of work in an electronic environment. In the short run, existing software can be modified to provide this functionality (Appendix C, Action Item P18). We have provided an appendix that lists the functional needs filled by current applications and have attempted to list the gaps that must be filled to comply with the 2002 visions.

6.2 Long Term Solutions

For the long run, the VETSNET Team is working to create a software system that will have all the functionality needed to support the 2002 vision, including case management. While the concept of paperless applications can be tested with modified existing software, the long term goal of moving toward a paperless claim processing system will take major hardware and software changes. Issues such as electronic warehousing must be addressed (Appendix C, Action Item P22) as well as electronic filing from remote sites (Appendix C, Action Item P20). Effective interfaces that link to automated award processing are not impossible; however, they require planning, effort, and funding. Appendix C, Action items P13 and P22 relate to the issue of automated adjustments. Sophisticated help features (Appendix C, Action Item P10), and more rule-based rating systems (Appendix C, Action Item P23) can be powerful tools to assist VSRs and RVSRs. However, we must be clear that these cannot be delivered in a short time frame. After the existing BDN has been replaced (VETSNET I), we will have the platform upon which to build these significant enhancements.

7. Software Evaluation

In the process of defining the end state vision, as well as looking at the long term and short term strategies and risks, it becomes clear that some of the software functionality in all three IT areas (telecommunications, interfaces, and process functions) exist in current or developing applications. However, it is equally clear that gaps exist. The major goal for the IT/Telecommunication Team was to develop and execute a systematic method for identifying where the applications fit and where there were gaps. Afterward, an estimated date for the action was developed. Accurate costing of these initiatives is impossible without a project plan. Initial estimates were made, however, and are included in Appendix C.

Starting from the vision, broad functional requirements were developed for the three IT pieces. These are listed in Appendix A. After the development of these requirements, a review of the existing and planned software applications was conducted. This analysis was to compare

these business solutions to the needed functions and identify the fits and gaps. The results of this Function to System Gap Analysis are summarized in Appendix B.

From the Function to System Gap Analysis a list of 59 action items was developed. These action items are needed to bring the telecommunication, interfaces, and processing software into conformity with the needs of the 2002 visions. These action items are summarized in Appendix B-2. Some of these action items have been referred to earlier in the text. The specific action items link back to the broad functional requirements in Appendix A and are cross-referenced in that appendix by number.

Appendix C is a complete listing of the 59 action items with a brief description, responsible group(s), estimated completion date, estimated cost, and benefits to be derived. The estimated completion dates are, at this point, refined only to a year. Further refinement of beginning and completion dates will require further review by the responsible groups.

8. Conclusion

We have reviewed the plans and strategy of the CIO with respect to the development of VETSNET, telecommunications, the development of a modern relational data base with access to all employees throughout the country and the approach to Rapid Application Development and find that they are consistent with the needs of the C&P business line. We strongly endorse it and urge that the VBA and the Department resist in the strongest possible ways any efforts to discontinue the development of VETSNET and the substitution of marginal enhancements to the current BDN. The BDN has consistently shown over the last several years that it is not a suitable tool to provide the kind of customer service delivery nor the data needs required by the Department to achieve the vision for claims processing which we contemplate.

The vision of 2002 outlined in the beginning pages of this document is refined first to broad functions and finally to specific action steps, dates, and costs. The vision must be reached by a collective effort and not by the incremental efforts of one group. The component developed by any particular group will largely be based upon where the business knowledge and skills exist. By adhering to standard conventions and interfaces many individuals and groups can proudly be a part of the new vision for VA.

Appendix A. Functional Requirements

To a large degree, the functional requirements are a logical byproduct of the vision. Clearly, if we are to be processing claims via electronic communications by 2002 we must carefully evaluate the gaps in the proposed software solutions currently being used and in development. Again, we can look at the three components of the IT solution.

Functional Requirements □ Telephone Subgroup

1. Develop information centers to manage national call volume and eliminate blocked calls (Action Items T41, T42, T44, T45, T46, T47, T48, T49, T50, T54, T61).
2. Develop ARSs that will allow callers to access VA services without human intervention, 7 days per week, 24 hours, per day. Options will be available in English and Spanish (Action Items T51, T52, T53, T59).
3. Develop queuing and routing system to distribute calls among information centers and ROs (Action Items T41, T42, T44, T45, T54).
4. Integrate telephone technology with corporate database so that VSRs have automated access to callers' records (Action Items T43, T44, T45, T55, T56, T57, T58, T60).
5. Provide call monitoring capability and management reports for monitoring system performance and service demand (Action Items T41, T42, T54).

Appendix B. Interface Functional Requirements

The design of the work flow of the claims process dictates the need for specific decision critical information from non-VBA sources and specifies the point in the claims process (the user and the timing) where that information is required. The need for efficiency, accuracy and timeliness in each data gathering process dictates the use of electronic technology as the exchange medium.

External interface functional requirements:

1. Current interfaces or matching programs need to be continued (I1, I3, I7)
2. Interface agreements should focus on the quality and utility value of the information we seek (I2, I3)
3. On-line access or information on demand applications for each of those interfaces should be provided (I1, I2, I3, I4, I5, I8 I2)
4. Interface agreements should also incorporate the principals of automatic notification to the VA when relevant information enters the external organizations data base (I2, I3, I4, I5)
5. Partnerships with co-located veterans representatives will require full direct access for those organizations to the systems application for submitting and developing claims (I9)
6. Full Service Organization partnerships and commitments to outbased VA employees for veterans access require full external interface access to applications for submitting and developing claims that are provided to in-house employees and co-located partners (I9, I10, I12, I13)
7. New external interfaces are necessary to minimize the resource demands of providing the customer service of releasing VA information in the veterans or beneficiaries behalf (I7, I8, I14)
8. New external interfaces, for example Internet access, to the VA are required to supplement outreach efforts and distribution of general department, agency and benefit information (I1, I11, I12, I14)
9. New external interfaces to VBA systems for the National Cemetery (NCS) System are required to support initiative for NCS processing of burial benefits and payments (I6)

Work Process Software Functional Requirements

1. Offer a paperless claims processing system (action tracking numbers P1, P3, P18, & P19)

2. Allow for immediate decisions on many issued via electronic contact (action tracking numbers P22, & P23.)
3. Allow for Veteran Service Officer claim intake (action tracking numbers P1, P2, & P20.)
4. Establish a consistent user presentation that allows for seamless access to support programs/systems. (This should be considered a common property when designing solutions and incorporated as soon as possible and be an objective of every initiative.)
5. Offer access to needed data with efficient migration of the data to the case management system and allow for electronic access to archived data (action tracking numbers P4, P5, P9, P12, P14, P16, P17, & P20.)
6. Hand off data from system to system without the need to re-key (action tracking numbers P7, P8, P12, P13, & P20.)
7. Eliminate inefficiencies between systems (e.g. RBA results in payment, batch process of C&P exams without manual input, etc.) (action tracking numbers P3, P6, P7, P8, P13, P17, P20, P21, & P24.)
8. Create IT solutions that result in consistent and complete development at the earliest point in the claims process (action tracking numbers P2, P10, P11, & P12.)
9. Develop IT tools to generate standard reports as a natural by-product of the process and generate ad hoc reports on request (actions tracking number P15)

APPENDIX C. DESCRIPTION OF ACTION ITEMS

Action Item Number P1

Title: Electronic Data Entry

Description: There is currently no way an original or subsequent claim can be received electronically. CPS has the capability of receiving data electronically, but it does not establish a master record or update it. VETSNET will have the capability to establish a record in the corporate database or update it. Therefore, the functionality to receive data electronically to process claims to completion and update the corporate data base needs to be integrated into VETSNET.

Responsibility: C&P Service, 20S

Completion Date: 1998

Estimated Cost: Component of CPS budget initiative

Benefits: If this capability is attainable, it would provide for electronically receiving a claim and having the data establish a master record or update it. This would allow claims to be received from out-based VA personnel or VSO's.

Action Item Number P2

Title: Rule Based Development

Description: The development program in CPS is rule based. VETSNET does not contain this feature. The ruled based development feature of CPS should be integrated into VETSNET.

Responsibility: C&P Service, 20S

Completion Date: 1998

Estimated Cost: Component of CPS budget initiative

Benefits: Rule based programs eliminate errors of omission. This would ensure that all information necessary to properly complete a claim would be developed at the time a claim was received. Thereby eliminating piecemeal development and reducing the amount of time needed to adjudicate a claim. Additional benefits would accrue if VSO's are inputting claims, since they would be utilizing the rules based development system.

Action Item Number P3

Title: Automatic Letter Generation

Description: When all data necessary to develop a claim is input, the necessary letters requesting evidence should be automatically generated.

Responsibility: C&P Service, 20S

Completion Date: 1998

Estimated Cost: Component of CPS budget initiative

Benefits: There is little decision making required when a claimant reports the sources of evidence. There is an disproportionate amount of clerical work needed to request evidence. If the data concerning the source of information is entered into the system, the required letters could be generated automatically. This would save the VSR the time now spent in addressing the letters and selecting the appropriate letters.

Action Item Number P4

Title: Track Claim Location Information (long term)

Description: In today's business world, the need to satisfactorily answer a customer's inquiry as to the status of a claim is crucial. Whether the inquirer is a VSR or VSO asking for the status on behalf of a claimant in today's environment or the claimant seeking the status directly in the future, there needs to be a tracking tool that provides details as to what has been accomplished, what needs to be done, what evidence has been received and what necessary evidence is outstanding.

Responsibility: C&P Service, 20S

Completion Date: 2000

Estimated Cost: Component of CPS budget initiative

Benefits: Until a paperless claim is achieved, there would be significant savings in the time spent sending mail to files to have a claims folder pulled and then reviewed. Since the evidence requested and received would be available on all claims, there would be no need to pull a claims folder until the case management system indicated that all evidence had been received. There would be additional savings in the number of man-hours needed to respond to VAIs and Congressionals if the inquirer could be told the specific status of the claim.

Action Item Number P5

Title: Track Claim Location Information

Description: CPS has limited claims tracking capability. CATS does have claims tracking ability, but does not have rule based development capability. CPS and CATS should be integrated to utilize the rule based development of CPS with the claims tracking ability of CATS. (This is recommended as a short-term BPR Lab initiative.)

Responsibility: C&P Service, 20S

Completion Date: 1999

Estimated Cost: Component of CPS budget initiative

Benefits: Anyone requesting the status of a claim will readily be able to determine what evidence has been requested and what evidence has been received. They will also be able to identify what stage of processing the claim is entering.

Action Item Number P6

Title: Military Record Request (3101 generation)

Description: When a claim for benefits is received electronically or input by keystroke, and it is identified as needing military records, the request for these records should be generated automatically to the correct military records center. The records requested would be based on the type of claim received and the information concerning the claimant's military service that was input. This could be accomplished by additional changes to VETSNET.

Responsibility: RMC, C&P Service, 20S

Completion Date: 2000

Estimated Cost: Component of CPS budget initiative and RMC Automate VAF 3101 initiative

Benefits: There is considerable time lost between the receipt of the claim and the identification of the correct military records center. If the request is sent to an incorrect military records center, additional time is lost until the request is returned as not properly addressed or forwarded to the correct military center. This initiative would eliminate any lost time.

Action Item Number P7

Title: Integrate RBA decision into VETSNET payment system.

Description: RBA decision should, upon completion of the rating decision, automatically transfer the necessary information into the VETSNET system.

Responsibility: 20S, C&P Service

Completion Date: 2001

Estimated Cost: Component of VETSNET II

Benefits: Allowing the rating decision data to automatically be incorporated into the VETSNET system will eliminate the need for duplication of data input by the Rating Certified VSR and the VSR. This would save numerous FTEE by allowing the Rating Certified VSR to actually effectuate payment and benefit notification upon completion of the rating decision. The current system requires the Rating Specialist to input the data necessary for the rating decision. The rating decision is then transferred to a Veteran's Claims Examiner, who re-enters this date into the BDN system and into the PCGL letter writing system. Another benefit is that by making the Rating Certified VSR the last person to see the claim, the VSR becomes a more "front end" oriented employee.

Action Item Number P8

Title: Extract payment information from RBA decision and send to BDN.

Description: A short term solution that would allow the RBA decision to, upon completion of the rating decision, automatically transfer the necessary payment information into the BDN system.

Responsibility: C&P Service, 20S

Completion Date: 1999

Estimated Cost: Component of VETSNET budget initiative

Benefits: This short term solution will alleviate the duplication of data input by the Rating Certified VSR and the VSR. If the payment information needed by BDN were extracted from the rating decision produced by RBA, it would start to streamline the process of generating an award of benefits. This would save FTEE and allow the VSR the opportunity to devote more time to front end development, which is essential during the transition period of BPR implementation. In addition, it would allow for completion of the claims processing system in a more timely manner.

Action Item Number P9

Title: Make archived data and text available nation-wide, using a document management system.

Description: Create a database from which archived data and text can be accessed nation-wide.

Responsibility: C&P Service, 20S

Completion Date: 2000

Estimated Cost: RBA Component of VETSNET II

Benefits: Creating a document management system which can be accessed nationwide will have numerous benefits. At the point of initial veteran contact, information such as last rating decisions, current disabilities, payment information, and previous veteran contact, would all be available to the VSR at the same time that he or she has the veteran on the phone. This would allow for a quicker and more accurate dissemination of information. This alleviates the need for some of the written correspondence which we process at this time. This also allows the first person that the veteran talks with to have the information available to make necessary decisions. The ability to make decisions and process awards while the veteran is still on the phone will mean a reduction in pending claims as well as a more expeditious handling of the claim.

The archived data base will assist the VBA in it's transition to have a paperless benefits delivery system. Thereby alleviating the need for the traditional claims folder in processing awards.

This system will effectuate the very expeditious processing of the veteran's claim and requests for information. This will save FTEE and provide for more accurate and complete information dissemination.

Action Item Number P10

Title: Put context sensitive help into all applications developed.

Description: Each application that is developed should have context sensitive help available throughout the system. This should be incorporated into the design of each individual system at the time of development.

Responsibility: C&P Service, 20S

Completion Date: Ongoing

Estimated Cost: N/A

Benefits: The availability of context sensitive help to the system user will allow for more complete and consistent claims processing development and benefits delivery. This will be accomplished by allowing the development and processing of the claim to be accomplished at the

earliest possible point in the claims processing system. The development of needed information can be accomplished by a VSR at any level in the training process. The availability of this help information will also assist in training the new users of the system.

Action Item Number P11

Title: Develop reference databases for various purposes.

Description: Databases should be developed which make available the various laws, rules, regulations, and procedure by which the VBA processes claims and delivers benefits. This will involve rewriting and reorganizing directives.

Responsibility: C&P Service, 20S

Completion Date: 2000

Estimated Cost: Component of VETSNET-II budget initiative

Benefits: Databases which incorporate the laws, rules, regulations, and procedures by which we process claims are a vital need in the claims processing system. This allows for more consistent claims development and benefits delivery. In addition, they ensure that the VBA employees are provided with the most up-to-date and accurate data by which to process these claims. This is extremely important in light of the recent changes of laws and regulations. This will also allow for the dissemination of these laws and regulations to the claimant, thereby enhancing the claimant's knowledge of the requirements for benefits delivery. This will in turn alleviate some of the notices of disagreement received by BVA by being able to provide complete consistent data up front when needed by the claimant.

Action Item Number P12

Title: External sources linked into applications as required.

Description: External information that is obtained should automatically be incorporated whenever necessary into the various applications as they are developed.

Responsibility: C&P Service, 20S

Completion Date: 2002

Estimated Cost: Ongoing

Benefits: This will allow the VSR and Rating Certified VSR to have the latest information available at the appropriate time. In addition, it will alleviate the duplication of data input into the necessary application. This will also reduce the development time required to

process the claim by eliminating the need to request information from various organizations and departments.

Action Item Number P13

Title: Automatically adjust pension payment based on financial data received through interfaces.

Description: Currently pension is adjusted manually through EVR reporting. Ideally EVR's would be completed through electronic interfaces with the financial data at their source. Receipt of this electronic data should be the event which triggers a recalculation of pension rate.

Responsibility: C&P Service, 20S

Completion Date: 2002

Estimated Cost: Component of VETSNET III

Benefits: Saving of man-hours associated with pension adjustments.

Action Item Number P14

Title: Enhance CATS to flag certain records (short term).

Description: There are instances in which certain claims have traditionally received a higher processing priority. Such claims may include homelessness or terminally ill veterans, or cases in which congressional interest has been expressed. CATS should allow special indicators, or markers, to "flag" these cases when the case management record is accessed.

Responsibility: VARO Roanoke, 20S

Completion Date: 1998

Estimated Cost: Component of CPS budget initiative

Benefits: Will save on follow-up processing time for cases of special interest.

Action Item Number P15

Title: Select Ad-hoc Query Tool(s) (both analysis and work in-progress).

Description: In addition to standardized reporting capability, there should be an ad hoc reporting capability using specialized sorting criteria. It is anticipated that initially this capability would be limited to a centralized point.

Responsibility: C&P Service, 20S

Completion Date: 1999

Estimated Cost: Component of Corporate Data Warehouse/Decision Support Strategy

Benefits: Quicker response to special interest inquiries and more definitive replies to processing questions.

Action Item Number P16

Title: Combine VETSNET and VACOLS to allow continuous tracking from date of claim.

Description: VACOLS tracks a claim from receipt of VAF 9 to resolution of the appeal. Tracking in VETSNET does not include appeals processing. If tracking in VETSNET were extended through the appeal period, it would be far more comprehensive and useful for analyzing trends in claims processing and appeals.

Responsibility: C&P Service, BVA, 20S

Completion Date: 2001

Estimated Cost: Under consideration for VETSNET II

Benefits: A single tracking tool is more convenient and will allow better statistical analysis.

Action Item Number P17

Title: Migrate ATS functionality to VACOLS.

Description: ATS measures a claim's progress from notice of disagreement to VAF 9; VACOLS measures from VAF 9 to resolution of the appeal. ATS is a part of BDN; VACOLS uses Windows GUI and is attached to an Oracle database. There is general agreement that VACOLS is a superior tracking system and is more relevant to our future needs than ATS. Currently an initiative is underway to extend the tracking in VACOLS to include the ATS tracking period and other features that would enhance the application.

Responsibility: C&P Service, BVA, 20S

Completion Date: 1998

Estimated Cost: Addressed in Information exchange baseline (1999)

Benefits: The Windows format of VACOLS is more user-friendly, and the Oracle database is easier to query.

Action Item Number P18

Title: Take electronic filing through CPS.

Description: The intake of claims data--either over the phone or in person--should be entered directly into the CPS application without an intermediary paper form.

Responsibility: C&P Service, 20S

Completion Date: 1999

Estimated Cost: Component of CPS initiative

Benefits: The alternative to electronic data intake is the current paper system which is inefficient.

Action Item Number P19

Title: Develop full electronic filing functionality.

Description: Electronic claims data should be captured as early in the claims process as possible. An electronic claims form should be available over such media as the Internet. The fields in this electronic form should link with corresponding database fields to allow for more timely claims processing.

Responsibility: C&P Service

Completion Date: 2002

Estimated Cost: Component of VETSNET III

Benefits: An electronic format allows not only the quick transfer of data but also the immediate editing of data from the claimant, with a potentially more focused claim.

Action Item Number P20

Title: Record Transfer

Description: The concept of Information Centers will require the transfer of electronic records from the IC to the RO in order to resolve case specific issues. This action item will create the functionality to smoothly transfer case specific data and allow for the warm transfer from a VSR at a IC to a VSR at the RO.

Responsibility: 20S4, 20S, C&P Service

Completion Date: 2000

Estimated Cost: Available in VETSNET I

Benefits: This item will improve customer satisfaction as their concerns are routed to the person most capable of resolving them. This functionality will replace the VAI system that did not result in immediate replies. The primary benefit will be in eliminating VAIs and the improved quality of response and timeliness of response.

Action Item Number P21

Title: Universally Accepted Structure

Description: This action item is critical for applications developed at field stations or in parallel to centralized IT initiatives. It does not limit the ability of developers to solve business solutions. Rather, it assures that software tools will be compatible with other IT tools and can seamlessly integrate and share data. This an essential piece for eliminating the stovepipe approach to claims processing.

Responsibility: 20S

Completion Date: 2000

Estimated Cost: N/A

Benefits: Applications will no longer stand alone or require labor intensive re-keying as users move to new tools in background operations. Needed data will migrate or enter via interfaces that can be assured compatibility by adhering to the accepted structure. Significant savings in man-hours will be gained by distributing application development to key business areas with the assurance that the applications will be beneficial to all users, regardless of the size or scope of operations.

Action Item Number P22

Title: Automated Award Adjustments via Interface

Description: While interfaces will improve the speed and accuracy with which we obtain needed information, the ability to link this data to BDN changes, in an automated manner, is a powerful key to saving FTE in benefit adjustments. In the absence of major legislative changes in the pension program, the need to link income changes in Social Security and other annuity programs to automated adjustments will be critical to reducing the man-hours devoted to maintenance adjustment to our program. Further, adjustments based upon hospital stays, both in

pension and compensation, require time consuming reviews and actions. These automated adjustments will be needed if we are to devote more time to the customer service side of claims processing and relegate maintenance of benefits to more automated features.

Responsibility: C&P Service, 20S

Completion Date: 2002

Estimated Cost: Component of VETSNET III

Benefits: Major savings in FTE can be gained by automating routine maintenance adjustments, pension in particular. It is widely known that the cost of FTE to adjust pension awards exceeds the cost saving related to the adjustments.

Action Item Number P23

Title: Rating Data Storage/Support

Description: To use an expert system approach to automating some of the more routine rating actions to allow VCR to do some simple ratings. While it is currently felt that the full scope of rating issues are so complex as to not lend themselves to expert systems, some of the decisions that relate to tables could be supported by expert system logic. In particular, issues related to hearing loss and visual acuity are examples of decisions that could be supported by IT.

Responsibility: C&P Service, 20S

Completion Date: 2000

Estimated Cost: RBA component of VETSNET II

Benefits: The primary benefit in this action item is in allowing certain decisions to be delegated to VSR and allow the RVSR to better utilize his or her time in the most complex of issues. Having decisions made at lower grade levels will save FTE.

Action Item Number P24

Title: Administrative Decisions

Description: This action item results in RBA having additional functionality to handle Administrative Decisions using the same background support currently used to develop ratings.

Responsibility: C&P Service

Completion Date: 1999

Estimated Cost: Component of CPS Initiative

Benefits: By using standardized text and format features currently in RBA, we can save the time and man-hours currently being expended in creating Administrative Decisions using pure word processing systems.

Action Item Number I1

Title: Internet solutions for ARMS (Automated Reference Manual System)

Description: Make ARMS available to the public and external users via the Internet

Responsibility: 20S, 20S52

Completion Date: 2000

Estimated Cost: Included in P11

Benefits: Enables external users to more effectively interact with the VA.

Action Item Number I2

Title: DoD Electronic interface

Description: Establish formal agreements with DOD to exchange information electronically about service and medical records. The exchange of information will be affected by the form in which the sources hold their information. The development of interfaces to exchange this information will have to be constructed to accommodate these forms.

Responsibility: 20S, C&P Service, Records Management Center

Completion Date: 1998

Estimated Cost: Begun in 1997 and part of base, Incremental funding is component of VA RMC Input DD214 Data initiative

Benefits: Faster and more efficient development of claims

Action Item Number I3

Title: VHA/VBA agreements

Description: Establish additional MOU's between VBA and VHA to facilitate joint efforts to share mutually supportive information.

Responsibility: VHA, VBA

Completion Date: 1998

Estimated Cost: None

Benefits: Ease of use and accessibility to VHA/VBA electronic systems.

Action Item Number I4

Title: Expand data exchange with other federal agencies

Description: Enhance electronic interfaces with other federal agencies (IRS, Railroad Retirement Board, DoD/DMDC, etc.) to allow for automatic income adjustments.

Responsibility: C&P Service, 20S

Completion Date: 2000

Estimated Cost: Included in base for Information Exchange

Benefits: Reduce claims processing time; reduce amount of human intervention

Action Item Number I5

Title: Electronic interface with National Archives

Description: Provide electronic interface with the National Archives to support eligibility and evidence gathering process.

Responsibility: 20S, RMC, Central Area, C&P Service

Completion Date: 1998

Estimated Costs: Component of RMC PIES initiative

Benefits: Improves timeliness of evidence gathering; eliminate duplicate requests for the same data.

Action Item Number I6

Title: National Cemetery System links

Description: Provide electronic access to the National Cemetery System employees and authority to process payment of burial benefits.

Responsibility: 20s, C&P Service, National Cemetery Service

Completion Date: 2000

Estimated Cost: No cost

Benefits: Free C&P FTEE to work other claims; single source for burial benefits; timeliness of providing claimant benefits.

Action Item Number I7

Title: Establish local interfaces to obtain private medical information.

Description: Automate access to private medical systems or automate the transfer of that information under local ad hoc agreements.

Responsibility: Local Area Directors and Regional Office Directors.

Completion Date: Ongoing

Estimated Cost: Will vary - Local initiatives

Benefits: Reduces the veterans' reporting burden and improves timeliness of claims processing.

Action Item Number I8

Title: Establish on-line interface with SSA.

Description: Provides direct access for claims processors to SSA information for verification of dependents, income and disability rating information.

Responsibility: VBA, SSA at the MOU level; C&P Service, 20S for implementation

Completion Date: 1998

Estimated Cost: In Information Exchange baseline

Benefits: Improves timeliness of claims processing; minimizes overpayments; supports automated adjustment of pension payments.

Action Item Number I9

Title: Provide collocated veterans representatives with direct access.

Description: Veterans representatives will be provided direct access to appropriate VBA applications and systems when they are involved with submitting and developing claims.

Responsibility: 20S, Area Directors, Regional Office Directors

Completion Date: 1999

Estimated Cost: Minimal

Benefits: Augments VBA FTEE; improves timeliness of claims processing; increases accessibility for veterans; enhances partnership and collaboration between VBA, veterans representatives and veterans.

Action Item Number I10

Title: Provide out-based veteran representatives with direct access

Description: Veterans representatives will be provided direct access to appropriate VBA applications and systems when they are involved with submitting and developing claims.

Responsibility: 20S, Area Directors, Regional Office Directors

Completion Date: 1999

Estimated Cost: Minimal

Benefits: Augments VBA FTEE; improves timeliness of claims processing; increases accessibility for veterans; enhances partnership and collaboration between VBA, veterans representatives and veterans.

Action Item Number I11

Title: Provide basic electronic access

Description: Provide electronic access to the general public to receive general information and claims specific details.

Responsibility: 20S; C&P Service, partnering local field facilities

Completion Date: 2000

Estimated Cost: In Information Center Initiative

Benefits: Reduces the number of telephone inquiries that detract from claims processing; increases accessibility for veterans information; provides timely access to information.

Action Item Number I12

Title: Provide enhanced electronic access for the claims process

Description: Provide electronic access for submission of claims applications and evidence and to receive claims status information. (Similar to P19)

Responsibility: 20S; C&P Service, partnering local field facilities

Completion Date: 1999

Estimated Cost: Minimal cost

Benefits: Reduces the number of telephone inquiries that detract from claims processing; increases accessibility for veterans information; provides timely access to information.

Action Item Number I13

Title: Outbased employee access

Description: Outbased employees will be provided direct access to appropriate VBA applications and systems.

Responsibility: 20S, Area Directors, RO Directors, C&P Service

Completion Date: Ongoing

Estimated Cost: In base

Benefits: Maximizes use of scarce resources; improves employee satisfaction; increases productivity.

Action Item Number I14

Title: Establish State and local agency interfaces

Description: Customer service includes the release of information in the veteran/beneficiary's behalf. Quality criteria of the accuracy and timeliness of that release are objectives. The opportunity is to minimize resource demands for non-decision activities through carefully planned initiatives. Electronic delivery of this information to State and local agencies and, when possible, provision for electronic query capability for those agencies is required to access VA databases and extract the information they need for their own decision processes.

Specific needs will vary greatly from state to state and no attempt has been made to inventory existing interfaces.

Responsibility: RO Directors with support from Area Directors

Completion Date: Ongoing

Estimated Cost: Will vary by facility

Benefits: Automate other-agency access to the VBA database or minimally, the actual transfer of that information; reduce the resources involved in an essentially non-decision making activity; improve the timeliness and accuracy of customer service at ROs.

Action Item Number T1

Title: Develop Concept of Operations

Description: Develop a business plan for handling all telecommunications issues. This includes determining where to route C&P claims related calls, general information calls, and calls for other VBA business lines: Insurance, Education, Loan Guaranty. Also, included is identification of those services that can be provided using an Automated Response System (ARS) and Interactive Voice Response (IVR).

Responsibility: Area Directors, SMC, 20S4

Completion Date: 10/01/97

Estimated Cost: Component of Information Center Initiative

Benefit: Once VBA decides how customers will access VBA, how VBA will provide service, and who and where that service will be provided, 20S4 can begin development of a detailed operational model. This is a critical planning step that will allow VBA to determine the most effective telecommunications architecture needed to implement VBA's Vision state.

Action Item Number T2

Title: Develop Detailed Operational Model

Description: The detailed operational model will provide very detailed information about how every type of telephone call to VBA will be handled including how and where calls will be routed, the required technology and interfaces needed to route and service calls, the locations of primary telecommunications technologies (e.g. ARS) and the locations of supporting technologies (e.g. what telecommunications investment is needed at remote locations and ROs).

Responsibility: 20S4

Completion Date: April 1, 1998

Estimated Cost: Component of Information Center Initiative

Benefit: The Detailed Operational Model will provide the specific functional requirements necessary to prepare a request for proposal from vendors.

Action Item T3

Title: Automated Pay Information System

Description: Through the use of a payment database and text to speech technology, payees will be able to obtain their current pay status information. Since some of this information (e.g., payee's address) is protected under the Privacy Act of 1974, access to the information should be password protected.

A rudimentary system for access to this information is already available at the St. Paul Information Center. This involves downloading pay status information into a database that is then made available to callers. While this does not provide the latest information to payees, it is nevertheless an improvement over the current procedure that requires the intervention of a counselor. Access to this database should be made available to as many payees as current equipment and resources allow, as part of the transition to the system that will provide fully automated, current data.

Responsibility: 20S4

Completion Date: 3/1/98

Estimated Cost: Component of Information Center Initiative

Benefits: Historical telephone traffic data indicates that there is a significant increase in telephone traffic during the first days of each month. A significant portion of that traffic is attributed to payees seeking pay status information. Currently, counselors have to obtain identifying data from the payee and access the payment status database in order to provide the required information. These procedures are cumbersome and manpower intensive. Through the use of the automated system, the payee keys in the identifying data and the system provides instant, up-to-date information. This not only provides faster service to the caller, but also frees up the human resources to do other work. Thus, both the payee and the VA benefit from this system.

Action Item Number T4

Title: Telephone on each desk

Description: A telephone with incoming and outdialing capability will be on each VSRs desk at each Information Center and each RO.

Responsibility: Area Offices, 20S4

Completion Date: 10/1/98

Estimated Cost: Component of Information Center Initiative

Benefits: Individual telephones are required for VSRs to receive incoming calls either to the information center or the RO. These may be general calls or claims-related calls. Some incoming calls for RO VSRs will be from claimants with cases assigned to the VSR. Outdialing capabilities will permit VSRs to contact claimants or other individuals to request information pertaining to claims or to explain decisions to claimants.

Action Item Number T5

Title: Voice Mail Capability

Description: Each RO will have voice mail capability.

Responsibility: Area Directors, 20S4

Completion Date: 10/1/98

Estimated Cost: Component of Information Center Initiative

Benefits: Voice mail capability will enable callers to leave messages regarding claims or form requests during non-VBA business hours.

Action Item Number T6

Title: Convert to 800 service

Description: All local telephone lines coming into telephone units at all ROs will be converted to 800 lines.

Responsibility: Area Directors, 20S4

Completion Date: 7/1/98

Estimated Cost: Component of Information Center Initiative

Benefits: Customers will be able to reach all ROs and Information Centers using the same toll free number. The ARS will be able to direct calls to the appropriate location based on

established criteria, and VBA will be able to manage call volume at a national level so that blocked calls are reduced and service is uniform throughout VBA. Calls can be rerouted to different ICs or ROs based on established call patterns or emergency situations.

Action Item Number T7

Title: Local/state benefit help file

Description: An on-line help file with local and state benefit information will be developed and made available to all VSRs at all ICs and ROs.

Responsibility: Area Directors, 20S5

Completion Date: 1/1/98

Estimated Cost: Included in operational base

Benefits: This help file will enable VSRs at all locations to answer questions about local benefits in any part of the country. This will improve service to callers because they will be able to get complete non-VA information no matter which state they are calling from. Currently, local information available to callers is restricted primarily to the area of jurisdiction of the RO the caller reaches.

Action Item Number T8

Title: VBA help file

Description: An on-line help file with information about all VA benefits (C&P, education, loan guaranty, insurance, etc.) will be developed and made available to all VSRs at all ICs and ROs.

Responsibility: VBA Business Lines, 20S5

Completion Date: 1/1/99

Estimated Cost: Included in operational base

Benefits: Although VSRs will spend a large part of their time processing C&P claims, they will still receive calls about other VA benefits, and they will receive questions about other VA benefits during their conversations with claimants about their C&P claims. Most general calls will be handled by ICs, but VSRs in ROs will receive calls during call overflow situations. VSRs must have current and readily available information about all VA benefits if they are to provide accurate and world class customer service to all callers.

Action Date Number T9

Title: RO Telephone Asset Profile

Description: The telephone equipment currently at each RO will be documented.

Responsibility: 20S4

Completion Date: 2/27/98

Estimated Cost: Included in operational base

Benefits: This asset inventory is necessary to determine what additional equipment will be needed to achieve the national telephone strategy.

Action Item Number T10

Title: Define IC Sites

Description: To achieve the long-term vision of implementing a national telephone system as outlined in the Vision Section, VBA Telecommunication Service must develop a detailed plan for replacement of local telecommunications equipment with a telecommunications architecture which allows VBA to route customer inquiries to the location where they can receive quick, accurate and complete answers to questions, and problems with the first call.

To achieve this vision VBA must determine locations to place telecommunications technology. Some VSRs will be located at the IC but will need to be supplemented by VSR support from affiliated ROs. The following guidelines are offered:

- General inquiry calls may be handled by a combination of ARS, IC VSRs and RO VSRs. The percentage of calls handled by ARS will be determined by the effectiveness of these technologies to provide world class service.
- VBA expects that use of ARS will expand over time as technology improves and use of ARS becomes the choice of many VA customers.
- Dispersion of VSR support at ROs will provide Areas with more flexibility in using VSRs during low call periods.
- Finally, the mix of IC and RO VSRs will not be static. VBA anticipates that greater call volumes of claims related issues will be able to be handled at remote locations once VETSNET, CPS and other supporting technologies are available.

Responsibility: Area Directors

Completion Date: 8/31/98

Estimated Cost: Component of Information Center initiative TBD 20S4 will provide telecommunications costs.

Areas may incur construction equipment costs, depending on the strategy employed, i.e. the more centralization of IC personnel at IC location.

Benefit: Information Centers will allow VBA to centralize call handling equipment so that telephone calls for large geographic areas can be handled at one site and routed to ARS, or available counselor who can handle the call. Overflow calls can be routed to other ICs or to supporting ROs. This strategy will eliminate VBA's blocked call problem.

Action Item Number T11

Title: Develop National Automated Response System (ARS).

Description: The ARS is a vehicle for providing information to callers without interaction with a VSR. The ARS will handle incoming calls requesting information to commonly asked questions. The ARS can work in concert with audiotex pre-recorded messages to provide information to callers. A FAX on demand system can be used to provide callers with electronic versions of VBA forms, documents, etc. in a hard-copy format. Speech recognition capabilities will enable the routing of callers with rotary telephones to be handled by the ARS rather than a VBA counselor.

Responsibility: 20S4

Completion Date: 10/1/98

Estimated Cost: Component of Information Center Initiative

Benefits: The National Automated Response System will provide virtually unlimited customer access to VA services anytime, anywhere. The ARS will provide features that will minimize call blockage, improve telephone access to VBA services and the delivery of newly automated features such as automated call attendant, intelligent network services, audiotex messaging, and FAX services. This system should be able to handle an estimated 10 to 20 percent of all incoming call, freeing human resources to perform other functions.

Action Item Number T12

Title: Adopt National Automated Response System (ARS) Script.

Description: The National ARS Script provides a system of pre-recorded messages that provide answers to commonly asked questions and general benefits information to callers.

Responsibility: 20S4

Completion Date: 10/1/97

Estimated Cost: Component of Information Center Initiative

Benefits: The National Automated Response System script will reduce the need of callers to interact with VSRs.

Action Item Number T13

Title: FAX back/automatic mailing labels

Description: The capability to provide FAX on demand to transmit standard VBA written forms or documents in a timely fashion without any human intervention or mailing expense. When there is a need to mail a form or a document, the system will provide an address label.

Responsibility: 20S4

Completion Date: 10/1/98

Estimated Cost: Component of Information Center Initiative

Benefits: The FAX back/automatic mailing labels capability will provide callers with faster service while reducing the need to interact with VSRs.

Action Item Number T14

Title: Develop Area Specific Migration Strategy

Description: VBA currently answers most telephone inquires at 58 ROs. Generally, if all incoming trunk lines to a VBA RO are busy the caller receives a busy signal. The end state vision describes how customers will access VBA in 2002 by calling one toll-free number which will connect them to either automated services, an IC VSR, or a RO VSR if they have filed a claim. The transition to the vision state will not occur overnight. This migration from the current process to a national telecommunications strategy will be affected by two separate but interrelated factors:

- How telecommunications and other means of access to VBA supports the BPR redesigned C&P work process.
- Blocked calls.

These are separate issues in that blocked calls are a long-standing customer service problem that must be addressed immediately. These issues are interrelated because the transition

to the BPR reengineered process must be coordinated with changes in telecommunications and IT improvements at the same time that VBA works to reduce blocked calls. The reengineered claims process, as envisioned under BPR, presents new telecommunications challenges. This new process reorients VBA's approach to its customers, where VBA decision makers have a personal and proactive relationship with their customers. This new strategy will involve personnel who have not talked to customers before, answering calls where they have not been answered before, and using communications strategies that have not been employed to any great extent before.

Some areas have already taken some steps to address blocked calls, notably the Central Area through the St. Paul Information Center. Other areas are also working on plans to address this problem. In most cases this involves the rerouting of blocked calls from one RO to another or to a central point such as an Information Center. As VBA Area Directors develop and implement plans for addressing blocked calls their strategies should link to the end state vision depicted in the Vision Section: i.e. claims related calls will go to ROs and general calls to Information Centers with support from ROs.

Initially, FTE to handle general calls may be dispersed among ROs rather than centralized at one location. As noted in the Vision Section, the Information Center is a way we handle calls more than a place where calls are answered. Shifting of FTE from ROs to IC's may be accomplished over time as ROs complete conversion to VSR positions, as technology such as ARS/IVR is made available and assessments of these changes are analyzed.

Responsibility: Area Directors

Completion Date: 9/1/98

Estimated Cost: Component of Information Center Initiative

Benefit: Areas must take immediate action to address the problem of blocked calls. These actions will provide improved access to VBA customers. Linking changes to the Vision State will facilitate VBA's transition to the Vision state and retain staffing flexibility during the transition period.

Action Item Number T15

Title: On-Line Claim Status Information

Description: Callers to the VBA ARS would be able to access information concerning the status of a pending claim without having to speak to a VSR. The customer would enter a PIN or other identifier, which would allow access to the corporate database. Using voice recognition technology, the caller would be asked a series of questions and provided appropriate claim status information (e.g., receipt of service medical records, exam scheduled etc.)

Responsibility: VETSNET, 20S4

Completion Date: 6/30/99

Estimated Cost: Component of Information Center Initiative

Benefit: VBA customers would be able to gain direct information about claim status 24 hours a day. Calls to VSRs would be limited to more substantive issues.

Action Item T16

Title: Pop-up/Data Transfer Technology.

Description: The caller will be prompted to provide a claim identification number. The Automated Response System will validate the identification number to the host data system. The caller's unique data record will be retrieved automatically from the host database and will be displayed on the VSR's workstation as the call arrives. Should there be a need to transfer the call, the data record will be transferred simultaneously. This capability will be dependent on the implementation of VETSNET.

Responsibility: 20S4, VETSNET

Completion Date: 6/30/99

Estimated Cost: Component of Information Center Initiative

Benefits: VSRs will be able to provide callers with faster quality service. When calls have to be transferred, the receiving VSR will not have to repeat the data gathering process.

Action Item Number T17

Title: Develop Warm Transfer Capability

Description: VBA customers have long lamented their frustration about having to provide information about themselves and their claims to VBA personnel repeatedly. In the Vision State, VBA expects that most calls to VBA will be handled by the first person who answers the call, whether the call be answered at an Information Center or a RO. However, there may be situations where the quick resolution of an issue requires transferring a call to an expert, whether that be the VSR who is case managing a claim, or an expert in one of VBA's other business lines (e.g., education).

A "warm transfer" involves two components: transferring the call and transferring the data:

- When calls are transferred callers are told why the call is being transferred and the VSR does not release the call until the transfer is completed. This type of transfer can be done

now within many ROs but is often limited to specific divisions. Few ROs can transfer calls to other VA facilities.

- Transferring data will allow the expert receiving the call to have all the relevant VBA database information "pop-up" on his or her computer when the call is transferred. The caller is not required to provide this information again.

Responsibility: 20S4, 20S3

Completion Date: June 30, 1999

Estimated Cost: Component of Information Center Initiative

Benefit: Callers to VBA wait for someone to call them back when they need to talk to an expert. Also, when calls are transferred they will not be placed back in a calling queue or inadvertently disconnected. Availability of data will also enhance service and reduce the amount of time VBA takes to resolve the issue.

Action Item Number T18

Title: Develop Call History Record

Description: A record of each call to VBA would be documented and included in the VETSNET database. The incoming telephone number would automatically be recorded by the FTS 2000 and documented in the corporate database if the telephone number matched a VBA record. The VSR would document the reason/disposition of the call.

Responsibility: VETSNET /20S4

Completion Date: 2002

Estimated Cost: Component of Information Center Initiative

Benefit: VBA would have a record of previous calls for a specified period of time. A VSR would know when the customer last called VA, the reason for the call, and disposition. This enhancement will improve customer service and avoid VSRs having customers repeat issues, requests, etc.

Action Item Number T19

Title: Voice Recognition Technology

Description: Speech recognition will be used to compliment the ARS. The system will be able to recognize a spoken command independent of the speaker (e.g., digits zero through nine, yes, no, and oh) and route calls to menu options selected.

Responsibility: 20S4

Completion Date: 2002

Estimated Cost: Component of Information Center Initiative

Benefits: Voice recognition technology will be used to route callers with rotary dial telephones through the ARS and to VSRs. Speech recognition will make menu-driven systems easier to use by allowing callers to speak their menu selection. Voice recognition will also allow disabled callers to use automated teleservices.

Action Item Number T20

Title: Automated Transactions

Description: Callers will be able to perform certain transactions, such as changing their address or their direct deposit information, without speaking to a VSR.

Responsibility: 20S4, VETSNET

Completion Date: 6/30/99

Estimated Cost: Component of Information Center Initiative

Benefits: Currently, simple transactions such as a claimant's request to change an address or DD/EFT require a written request or contact with a VBA counselor. These kinds of activities could be processed more efficiently and provide better customer service by allowing claimants to complete these transactions by inputting their claim numbers or PINs and other appropriate data by pressing the corresponding keys on the telephone set.

The VSR, as a result of the automated transactions, will have more time to assist those callers who have more complex questions or issues to be resolved. Moreover, by enabling claimants to transact certain kinds of activities electronically, these activities could be provided 24 hours a day, 7 days a week, thereby enhancing customer service by providing greater convenience.

Action Item Number T21

Title: Develop Automated Outdialing Capability

Description: Telephones can be programmed to automatically place calls to parties outside VBA at specified times.

Responsibility: 20S4

Completion Date: 2002

Estimated Cost: Component of Information Center Initiative

Benefits: This will provide for a more efficient use of the VSR's time both at the RO and the IC and improved service to claimants. It will enable VSRs at ICs to respond to system-initiated calls from a telephone number list provided by manual entry or computer files at times when call volume is reduced. VSRs may use this as an outreach tool or a means to remind claimants of upcoming appointments, for example. RO VSRs will be able to program the system to place outbound calls based on the time of day and alert the VSR when the party is on the line. VSRs can electronically track and maintain customer call back lists in order to provide a more timely response. This will prevent the VSR having to remember to call a party at a specified time while at the same time permitting the VSR to reach the claimant at a time convenient to the claimant. The system will differentiate between busy signals, no answer signals, modem tones, answering machines, and hang-up signals so VSRs will not waste time trying to make telephone calls manually. The system will also provide an alternate message if an answering machine answers the call. The system will continue to place calls until the list is completed or a set time range is reached or the system is discontinued by a VSR.

Summary of IT Implementation Tasks

Task ID	Task Name	Definition	Dependencies	Reference(s)
21	Develop Electronic Data Exchange	The development of the interfaces with other VA elements as well as other federal, state & local data sources to dramatically reduce the time to obtain needed data.		P12,I2,I3,I4,I5, I6,I7 I8,I9,I10,I13,I14
49	Information Systems			
50	RBA enhancements & RBA/BDN Link	Transition initiatives to allow link independent applications pending VETSNET II & III		P8,P23,P24
51	Basic Intranet	Begin using the Intranet as an alternative to independent local databases.		I1
52	Redesigned ARMS on Intranet	Alternative to distributed CD-ROM technology		I1
53	CPS Modification, Testing and Roll-Out	Transition initiative to allow case management and telephone applications pending VETSNET III		P3, P5, P14
54	VETSNET I	Replacement of current BDN with VETSNET		IT page 22
55	Build Context Sensitive Help/Job Aids Init.	On-going requirement for all new applications		P10,I12,
56	VETSNET II	The migration of RBA and CPS functionality into VETSNET.	P3,P5,P6,P14	IT Appendix C, P1,P2,P4, P7,P9,P11,P15,P16, P21
58	VETSNET III	The full implementation of electronic filing and automated award adjustments via interfaces.		P19,P13,P22
59	Electronic Applications Begin	Transition initiative for using CPS to initiative applications via telephone.	P3,P5,P14	P18

Task ID	Task Name	Definition	Dependencies	Reference(s)
60				
61				
63	Telecommunications			
64	Transition IT support for VSR position	IT infrastructure to support the VSR position.		T4, T5,T6,T9
65	Information Centers Established	Establishment of consolidated telephone response information centers.	T15	T1,T2,T3,T7,T8, T10 T11,T12,T13,T14,T16,T17,T18,T19,P20, T20,T21
66	On-Line Claims Status Information	Necessary for proper case tracking and status.		T15
67	3101 Generation (PIES)	Linkage with military record centers		P6
25	Begin Certification of VSRs	Date after which VBCs and VCEs will begin to be certified as VSRs and promoted to GS-10 position during the transition period based on reviews of work samples.	<ul style="list-style-type: none"> • Development of VSR Certification Standards and Measures • VSR Certification Testing at Lab Sites 	HR Appendix, p3-10

Table C - 1: Summary of IT Implementation Tasks (continued)

Appendix D. IT/Telecommunications Team

Name	Station	Phone Number
Antonio Aponte	VARO Oakland	510-637-1127
Dennis Brennan	SRA	703-558-4003
John T. Barnes	VARO Wichita	316-688-6701
Sandy Bowron	VARO St. Petersburg	813-893-3211
Deborah Greitzer	VARO Oakland	303-914-2900
Peter Kostohryz	VARO&IC St. Paul	612-725-1780
John Q. Davis	VARO Columbia (NFFE rep)	803-765-5101
Bill Fillman (Team Leader)	VARO New Orleans	504-589-6491
Carl W. Hawkins, Jr.	VARO Columbia	803-255-4124c
Jim Jewell	VFW Washington, DC	202-543-2239
Molly McDaniel	VETSNET- St. Petersburg	813-893-3871
Larry Meador	VARO Houston	700-794-3443
Frank C. Newbell, Jr.	VARO Nashville (AFGE rep)	615-736-7328
Ann O'Hart	VARO Denver	303-914-5727
Elizabeth Ortmyer	SRA	703-558-4003
Robert Seavey	VBA Washington, DC	202-273-7266
Edward C. O'Brien	VARO Hartford	860-240-3027
Michael MacDonald	VARO Nashville (AFGE rep)	615-736-5334

Figure D-1: IT/Telecommunications Team Members

NAME	STATION	PHONE NUMBER
Kim Hancher	VA Central Office	202-273-6887
Jan Carlson	VA Central Office	202-273-6986
Richard Culp	VA Central Office	202-273-6842
Ed Weklar	VA Central Office	202-273-7596

Figure D-2: IT/Telecommunications Technical Consultants

Appendix E. Glossary of Terms

Abandoned Call - A call outcome where the caller hung up before getting the requested service (e.g., speaking to a VSR).

Abandoned Call Rate - The percentage of calls upon which the caller hangs up before receiving service. World class service organizations strive to achieve an abandoned call rate of less than 2%.

Application Server - A dedicated computer used to control the voice response unit and provide the execution platform for automated response system applications like automated attendant, audiotex, fax back, etc.

Audiotex - Telephony applications that dispense prerecorded information to callers. When audiotex systems are combined with database links and text-to-speech technology, callers can retrieve information that is stored in ASCII format

Automated Attendant - A call routing/answering system that enables incoming calls to be automatically transferred to the proper extension, resource, or department (e.g., sales, technical support, etc.) using audio prompts.

Automatic Call Distributor (ACD) - A specialized phone system for handling incoming calls according to a predetermined scheme.

Automated Contact Management - An automated application used to develop customer profiles based on previous call history and provide enhanced customer service.

Automated Outbound Dialing - An automated application used to enable VSRs to use their PCs to originate a phone call to VBA clients. These calls are typically the result of a customer inquiry that required further investigation, and the VSR must call back the client to achieve caller resolution.

ARMS (Automated Reference Manual System) - This system is a database of the current manuals and laws regarding receipt and administration of VBA benefits. In addition, this database includes Court of Veteran's Appeals (COVA) precedent decisions, as well as General Council Advisory Opinions.

Automated Response Systems (ARS) - A computerized system that provides telephony services to VBA clients. The ARS is capable of providing answers to client inquiries using technologies such as audiotex and fax back services.

ATS (Appeal Tracking System) - This system is designed to track the status of a pending appeal from the time the veteran first informs the VA of his disagreement until the appeal has been resolved. This system utilizes the BDN (Benefits Delivery Network) system.

Blocked Call - A call outcome where the caller received a busy signal and is unable to reach a VBA resource.

Blocked Call Rate - The percentage of offered calls which receive a busy signal. World class service organizations strive to achieve a busy rate of less than 1%.

Business Line - A VBA organizational business activity; currently consisting of the following: Compensation and Pension (C&P), Education (EDU), Loan Guaranty (LGY), Insurance (INS) and Vocational Rehabilitation and Counseling (VR&C).

Case Management - VBA term signifying the task of managing open claims, typically for Compensation and Pension claims.

Check Status Database - A database built and maintained by the VBA providing callers timely information concerning the current status of C&P checks.

Computer Telephony Integration (CTI) - The concept of adding computer intelligence to a telephone call.

Congressional - These are inquiries from Members of Congress and the U. S. Senate, regarding their constituents (our claimant's). When the claimant request assistance from his/her congressional or senatorial representative, that representative will contact the VA regarding the claimant's case. The claims folder will be reviewed and the congressional or senatorial representative will be informed via phone and correspondence of the status of the issue.

Consultative Call Transfer - An application that enables a VSR to transfer a call, along with the client record associated with it, to another VSR or supervisor.

Corporate Data Base (Enterprise Data Base) - A single data base which captures and stores all information currently stored in the Legacy systems that are required organizational entities and attributes. The Enterprise Data Base stores data for ALL distributed business solutions regardless of service (i.e., C&P, Loan Guaranty, etc.) and location. Common data fields (i.e., name, address, SS#, etc.) must comply with standard conventions (i.e., field length, numeric, logic, etc.). Use of an Enterprise Data Base is a fundamental concept in the Enterprise Architecture that will eliminate the current "stovepipe" applications and numerous non-linked data bases.

EVR (Eligibility Verification Report) - These are pension and parent's disability indemnity compensation (DIC), forms that are completed yearly by the claimant. They provide information as to the claimant's income, net worth, and employment data.

FAX - Facsimile Transmission. The transmission of photographs, maps, diagrams, and other graphical data by communication channels. The image is scanned at the transmitting site, transmitted as a series of impulses (normally at 9600 bps), and reconstructed at the receiving station, to be duplicated on paper

Fax Back - This service offers the instant delivery of specified information to any fax machine in response to telephone prompts.

First Call Resolution - The percentage of calls in which the caller's issues are resolved by one agent without requiring a transfer or hand-off to a second person. World class service organizations strive to achieve a first call resolution rate greater than 85%.

Intelligent Networks - The concept of using resources contained inside the carrier network to provide value-added services such as call routing, etc.

Interactive Voice Response (IVR) - A telephony system where applications prompt the caller for keypad (or spoken) input and use that response to perform actions on a database.

Management Information Systems (MIS) - Provides managers and supervisors direct access to, and dynamic control of call center resources and their features. System managers and supervisors can use this technology to analyze agent and system performance, gather real-time and historical management information, and perform system administration.

PCGL (Personal Computer Generated Letters) - PCGL is a letter writing program that is designed to generate award, disallowance, predetermination and post-determination letters.

Predictive Dialer - An automated system that is used to place outbound calls based on anticipated workload of call center agents. Dialing is initiated before the operator is idle and waiting. By detecting answering machines and handling calls over to agents only when live prospects have been reached, these systems free up agents for actual customer contact.

Proactive Outreach - A computer telephony application that can be programmed to place a recorded reminder call to clients in advance of a scheduled appointment or other type of event.

Queue Waiting Time - The total time (in seconds) a received call is placed in a queue before being answered by an attendant or agent. World class service organizations strive to achieve a queue waiting time less than 60 seconds.

RBA (Rating Board Automation) - This program allows the Rating Specialist or Rating Certified Veterans Service Representative, to process rating decisions. This is an executable program which converts the needed information into a Word for Windows document.

VACOLS (Veteran's Appeals Control and Locator System) - This system is designed to track the status of a pending appeal from the time the VA Form 9 is filed until the appeal has been resolved.

VAI's (Veteran Assisted Inquiries) - These actions are processed as a result of telephone contact with the veteran or his/her representative. They usually regard a pending claim. When a VAI is taken over the phone, the Veteran's Benefits Counselor (VBC) will take the information

needed, and then get back with the veteran via the phone or through correspondence with an answer to his/her question.

VETSNET - A replacement for the Benefits Delivery Network (BDN) payment system characterized by a corporate relational data base, a three tiered client-server architecture, user designed Visual Basic presentation screens and on-line processing. The improvements in claims processing functionality are primarily those related to increased access by customers to their claim information, more user friendly processing screens and real time processing. Improvements in program management will derive from the capability of the system to capture data at the issue level. VETSNET will be the foundation system to which new claims processing functionality will be added. Basic veteran/dependent information will be available to all benefit program information systems (C&P, Education, Loan Guaranty, Vocational Rehabilitation and Insurance.) Payment, accounting and existing rudimentary claims processing for education, compensation and pension benefit programs are the basic components of the system application.

VETSNET II - The product of application development activity to incorporate rule based, stand alone systems such as the C&P Claims Processing System (CPS) to the corporate data base, and extend the functionality to include the creation of ratings (Rating Board Automation - RBA). The objective is to develop an integrated system which supports one-time data input for the development of a claim and reuse of the information in subsequent processing to the point of award decision and payment.

VETSNET III - Continued incremental functionality and the development of automated decision making.

VSR - Traditionally the Veterans Benefits Counselor (VBC) was VBA's public contact representative with veterans and other customers. VBCs handled personal interviews, answered telephone calls and replied to incoming correspondence. More recently the VBA field structure has moved to combining the functions of the Adjudication and Veterans Services Divisions. As a result, the position of the VBC has evolved into a position of several different titles: customer service representative (CSR), team member, case manager, VBC (still used in many instances), and Veterans Services Representative (VSR). The generic term VSR represents the public contact person in VBA.

Voice Forms - A voice mail application that allows customers to record specific information in response to voice prompts for the purposes of completing forms documents.

Voice Mail - Provides the basic ability to record, store and manipulate spoken messages.

Warm Call Transfer - A call outcome where the call was transferred to another resource along with the corresponding call information (e.g., caller name, account number, etc.).