

The Recommended Decision

- Structure
 - Statement of Case
 - Finding of Fact
 - Conclusion of Law
- Tells a story in a *relatively* simple and straight-forward manner
- Explains a series of small decisions by a CE leading to final conclusion

Decision Introduction

- Notice of recommended decision and summary of benefits awarded and/or denied.
 - Differentiates B vs. E
- Identifies all claims and conditions not included in the decision as “held in abeyance/deferred for further development.”

Statement of Case

- Concise claim history
 - Chronological order
- Describes results of development
- Limited use of legal citations or other procedural standards
- Explains interpretive analysis used to make Findings of Fact
- No conclusion on denial/approval of benefits

Critical Items-Statement of Case

- Name of the claimant, when and where the claim was filed, and how the filing date was determined.
- Benefits the claimant is seeking.
- In the case of a survivor claim, relationship of the claimant to the employee.
 1. Birth certificates
 2. Adoption certificates
 3. Marriage certificates

More Critical SOC Items

- **Verified employment**
- **Medical evidence of covered condition**
 - Type of medical report or document relied on (i.e. pathology report, physician's notes, hospital discharge summary, etc.
 - Physician who signed medical evidence relied upon (unless District Medical Consultant), and the relevant date
- **Processing actions taken by the district office**
 - Dose reconstruction review, SEM review, development letters, etc.
- **Tort offset/surplus, state worker's compensation (SWC) benefits**

Finding of Fact

- Simple phrases that outline the findings of the CE
 - *Derived from the analysis in SOC*
- Follows a logical sequence to the point at which a conclusion is necessary –
 1. Survivorship
 2. Medical
 3. Employment
 4. Exposure
 5. Causation
 6. Compensation

Conclusions of Law

- Conclusions derived from SOC and FOF
- Cite relevant sections of the EEOICPA, the governing regulations, or decision database.
- Lump sum payment allocation
- Identify diagnosed conditions being accepted and effective dates of benefits. Define the medical benefits being awarded, if any
- Identify claimants approved - denied

WRITING THE RECOMMENDED DECISION

KNOW YOUR AUDIENCE!!!!

- Employee
 - Claimant/Authorized representative
 - Final Adjudication Branch (FAB) and the DEEOIC
 - Third Parties – courts, Congress, MD's, DOE etc.
- Decisions should always be clearly and logically written. Use simple words and short sentences.
 - ALL claimed elements should be addressed including those held in abeyance or deferred in the introduction.

Writing RD Hints

- Distinguish B vs. E
- B = occupational illness
- E = covered illness
- Active Voice – The claimant filed a claim vs. A claim was filed by a claimant.
- Code ECMS to reflect decision
- Clarity, Conciseness, and Context
- Plain English – simplify and eliminate unnecessary words, phrases & paragraphs

MAXIMIZING APPROVALS

- Use all available resources with the mindset that you want to approve and pay that claim.
 - Make the evidence work for you – lead the case to a compensable outcome
- This is NOT an adversarial program in any way. We are here to help the claimants build their cases to achieve positive outcomes.
- Not every case can or will be accepted, but you need to be able to explain how you made the best effort to achieve this goal.

DENYING BENEFITS

- If after complete and thorough development, you must deny a claim:
 - You need to be convinced that no further action can lead to different outcome
 - Explain every facet of assistance provided to help claimant get to the decision
 - Communicate the interpretive analysis that was used to render judgment
- Empathize and avoid belittling or confrontational language
 - Denials lead to emotional and financial consequences

**THE
END!**

