Basic Claims Examiner (CE) Training Course

Issuing Recommended Decisions

PARTICIPANT GUIDE

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Session Description

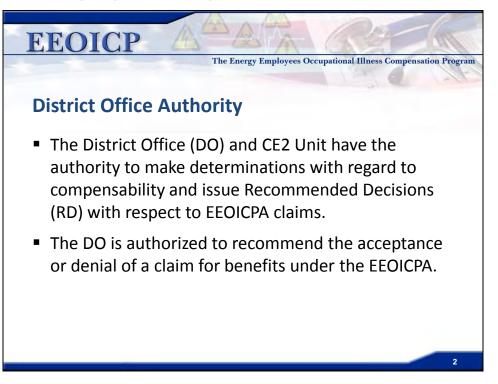
This session addresses the five elements of the Recommended Decision (RD) and provides some general tips and guidance on how to write a solid RD.

Instructional Objectives

Upon completion of this session, you will be able to:

- List the elements of a Recommended Decision
- Describe what information must be included under each element of the Recommended
 Decision

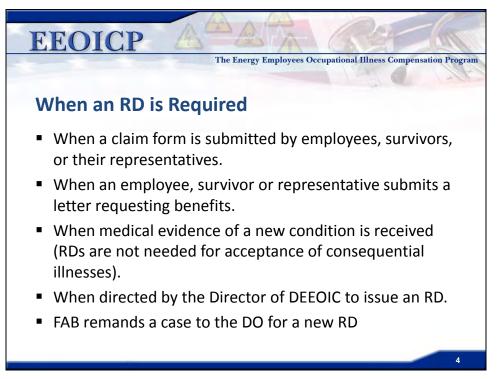
District Office (DO) Authority



Types of Recommended Decisions

EEOICP The Energy Employees Occupational Illness Compensation Progra			
Types of I	Recommended Decisions		
Accept in full	The entire case file can be accepted and no outstanding case elements need further development		
Deny in full	Development on all areas of the case has been completed and is being denied.		
Partial Accept/ Partial Develop	A case element is ready for acceptance, but other elements require further development		
Partial Accept/ Partial Develop/ Partial Deny	One portion of the case is in posture for acceptance and another portion is in posture for denial, while a third portion requires additional development		
Partial Accept/	Development is complete on all elements of the case. Part of the		

When an RD is Required



The claimant's letter requesting benefits can be accepted as "words of claim" but a claim form must be filed before adjudication can be completed.

Your Notes		

Components/Sections of the RD

The RD consists of these sections:

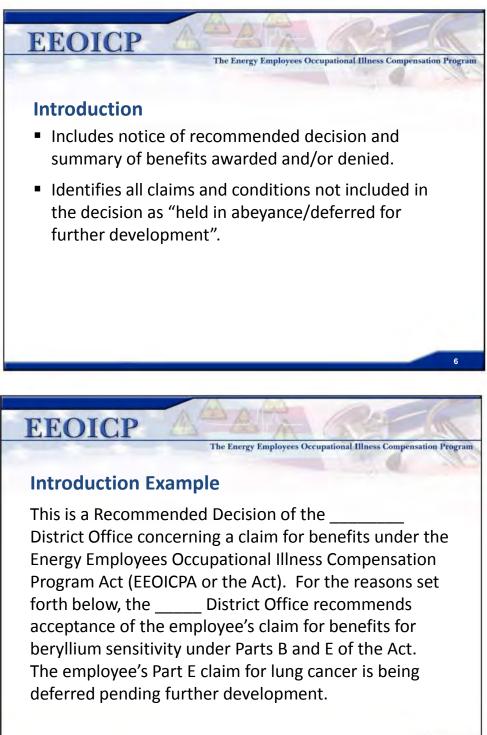
- Header,
- Introduction,
- Statement of Case,
- Findings of Fact, and
- Conclusions of Law.

Header



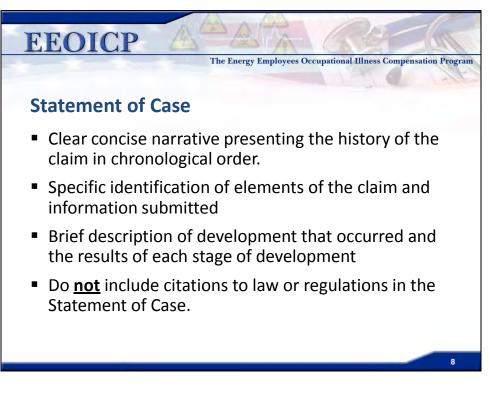
Your Notes

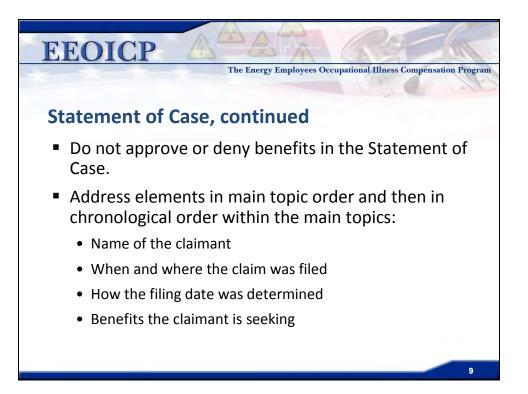
Introduction



Your Notes		

Statement of Case





Survivorship

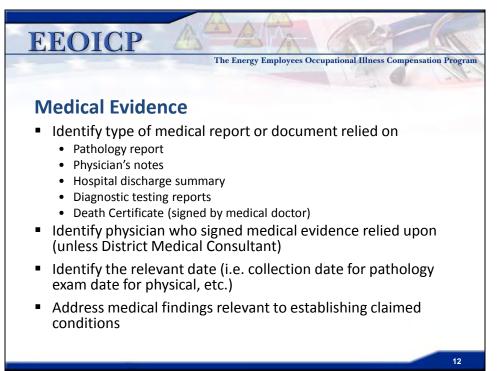


Your Notes		

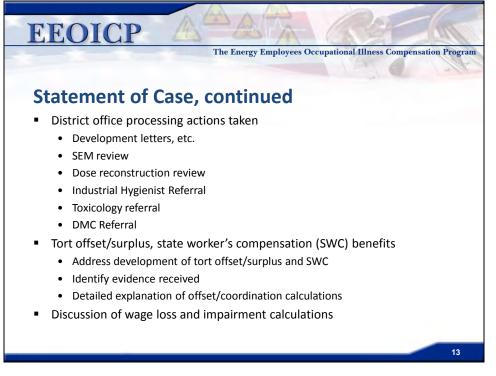
Employment



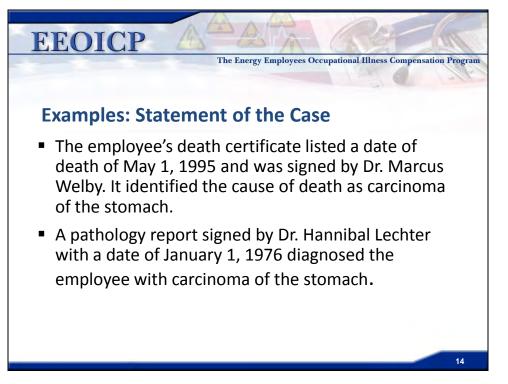
Medical Evidence



District Office Processing Actions Taken / Tort Offset/Surplus, State Worker's Compensation (SWC) Benefits, and Wage Loss/Impairment Calculations



Statement of Case Examples



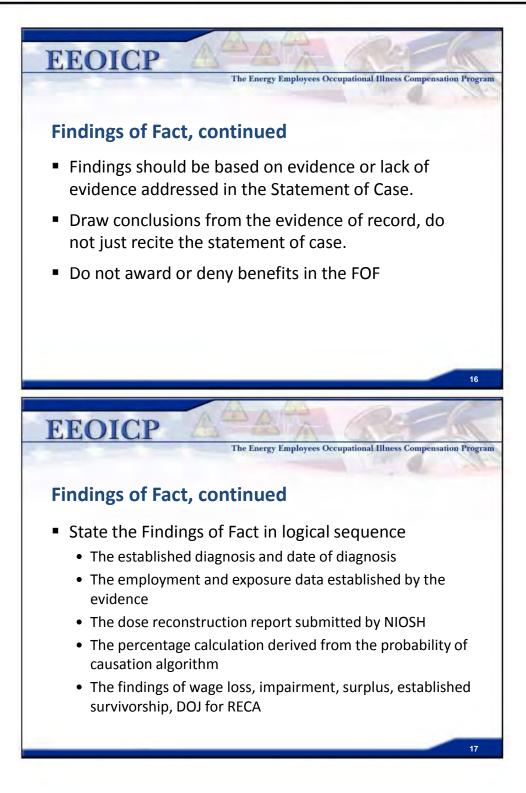
Your Notes

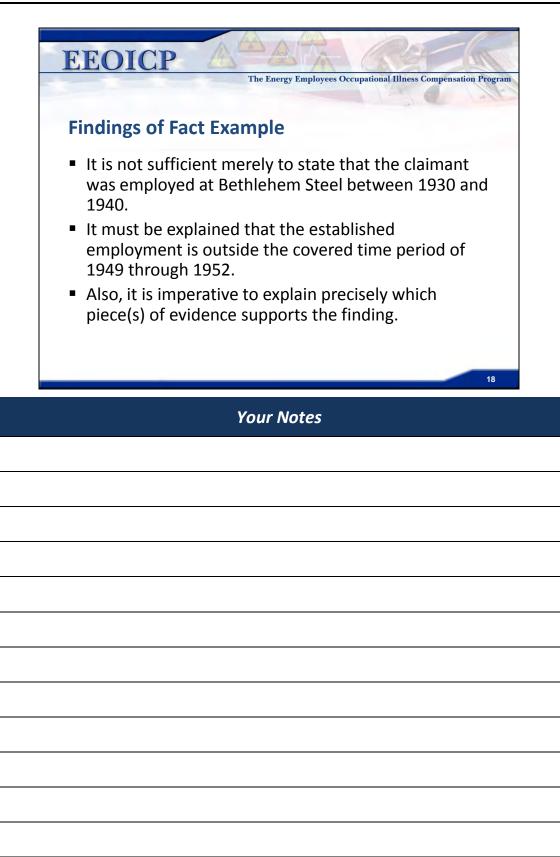
Findings of Fact (FOF)

This is an example:

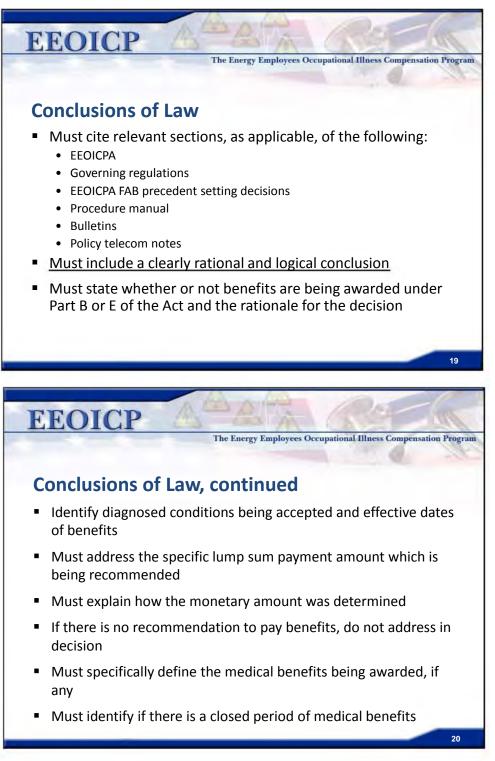
A finding that the employment evidence was sufficient to establish employer, location and dates of employment is properly made from the evidence.

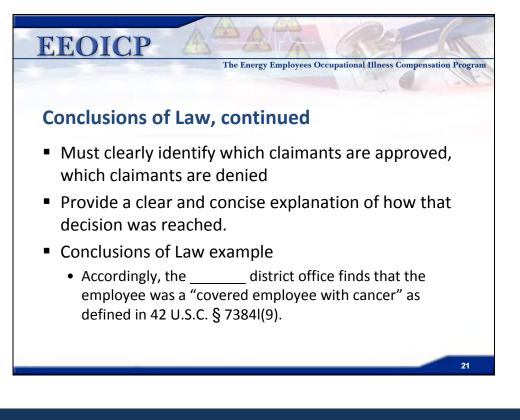
EEOICP The Energy Employees Occupational Illness Compensation Program
Findings of Fact
 Factual determination based on evidence of record and any inferences fairly drawn from that evidence.
 Only include findings necessary to make a determination and reach the "Conclusions of Law".
 Omit what is not needed to make the recommended decision.
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Conclusions of Law

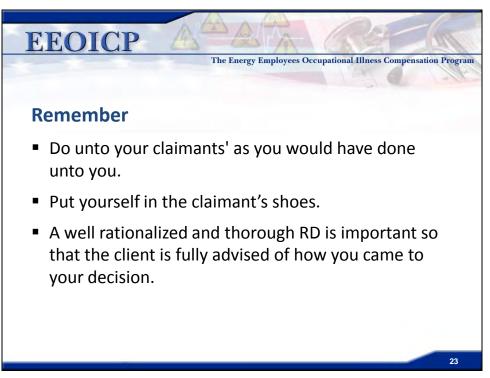




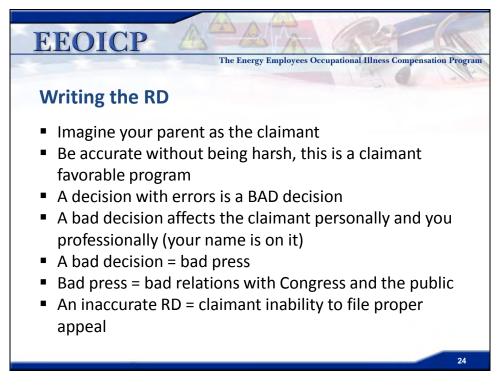
Your Notes

Writing the Recommended Decision

Guiding Principle



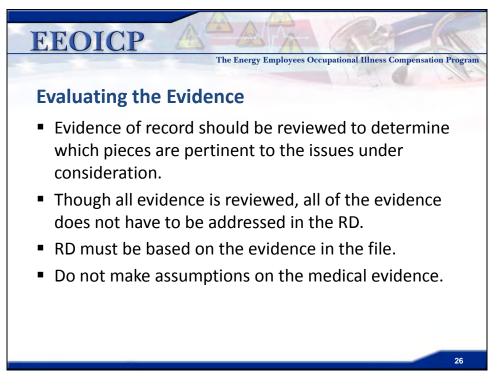
Impacts of Bad RDs



Importance of Audience

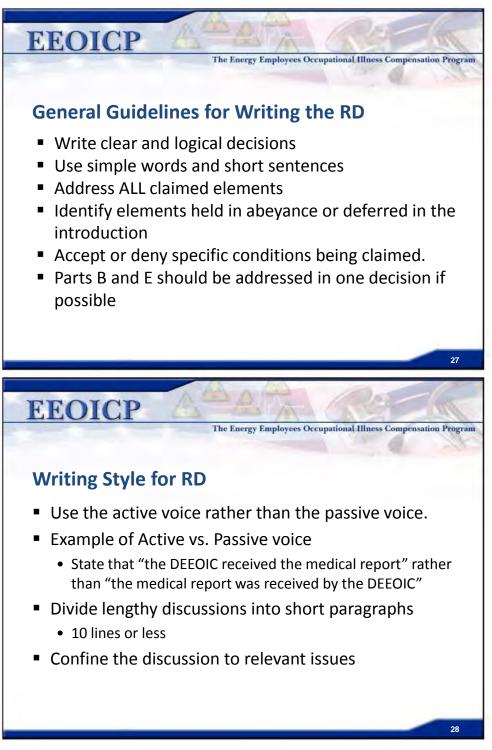


Evaluating the Evidence



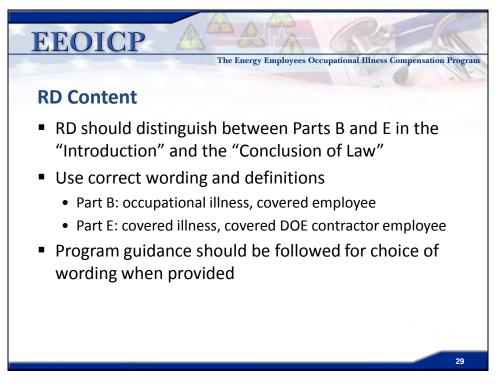
Your Notes

Writing Style Guidelines

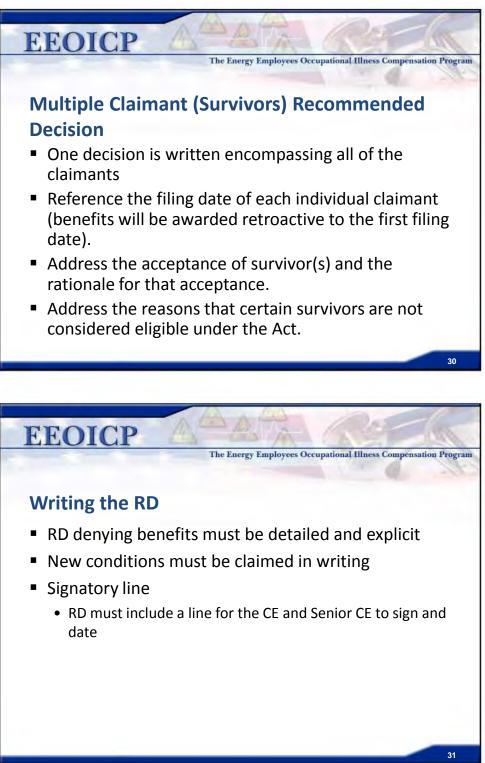


Your Notes		

RD Content



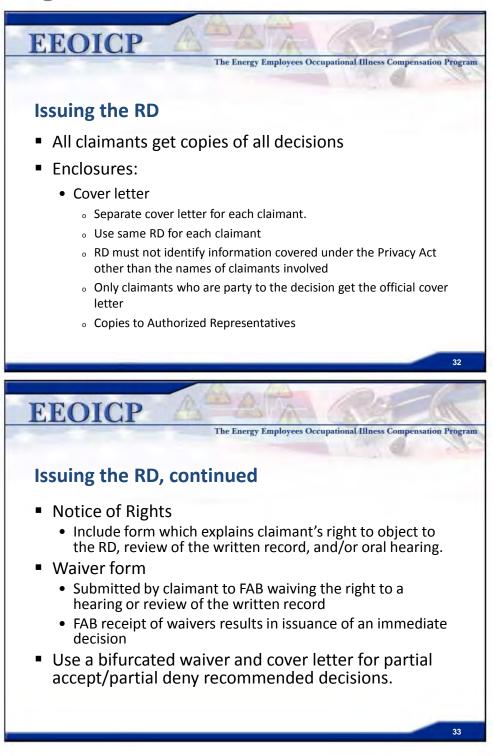
Multiple Claimant (Survivors) RD

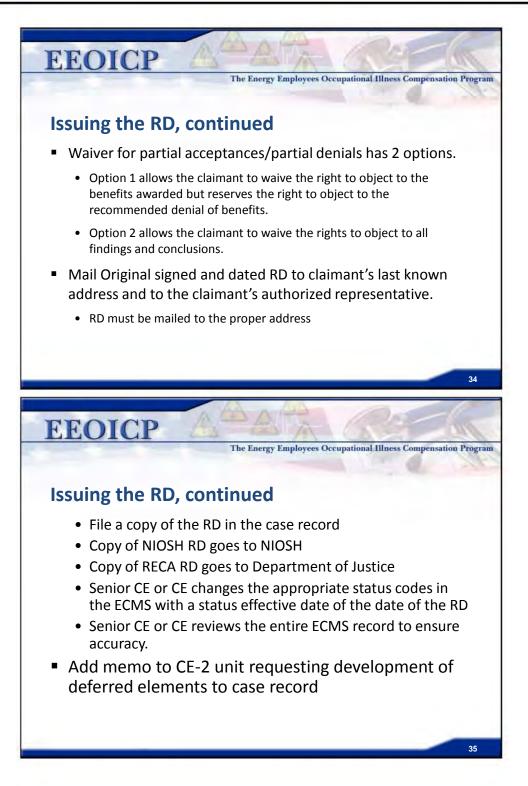


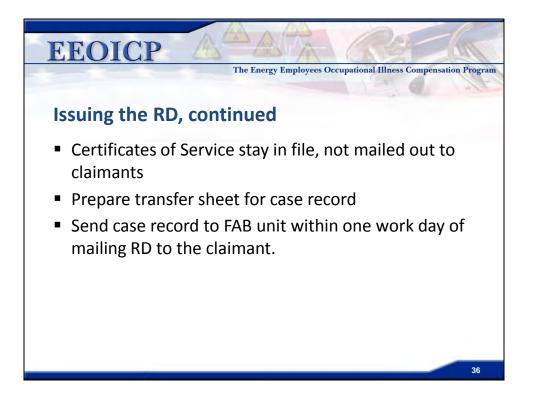
Your Notes	
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5	

Your Notes

Issuing the RD







Your Notes

Notice of Rights Form

NOTICE OF RECOMMENDED DECISION AND CLAIMANT RIGHTS

The District Office has issued a recommended decision in regard to your claim under the Energy Employees Occupational Illness Compensation Program Act. This notice explains how to file objections to the recommended decision. This notice also explains what to do if you agree with the recommended decision and want the FAB to issue a final decision before the 60-day period has ended. Read the instructions contained in this notice carefully.

IF YOU WISH TO OBJECT TO THE RECOMMENDED DECISION:

If you disagree with all or part of the recommended decision, you MUST file specific

objections to it within sixty (60) days from the date of the recommended decision by writing to

the Final Adjudication Branch at:

Final Adjudication Branch U.S. Department of Labor, EEOICPA 1001 Lakeside Ave., Suite 390 Cleveland, OH 44114

Your objections MUST clearly state the reasons for your disagreement and indicate the specific findings of fact and/or conclusions of law with which you disagree, including any objections to any dose reconstruction performed. If you want an informal oral hearing to present oral testimony and written evidence in support of your objections, you MUST request a hearing in writing with your objections. If your objection does not contain a written request for a hearing, the FAB will consider your objections by reviewing the written record. You will be allowed time in which to submit additional evidence in support of your claim. Any recommended decision that is pending a hearing or review of the written record for more than one year from the date the FAB receives the objection will be affirmed.

IF YOU AGREE WITH THE RECOMMENDED DECISION:

If you agree with the recommended decision and wish for it to be affirmed in a final decision without change, you may submit a written statement waiving your right to object to it to the Final Adjudication Branch, at the above address. The attached waiver form may be used for this process. This action will allow the Final Adjudication Branch to issue a final decision on your claim before the end of the sixty-day period for filing objections. If you wish to object to only part of the recommended decision and waive any objections to the remaining parts of the decision, you may do so. In that situation, the Final Adjudication Branch may issue a final decision affirming the parts of the recommended decision to which you do not object.

Be sure to print your name, file number and the date of the recommended decision in any correspondence submitted to the Final Adjudication Branch.

Waiver Form

Final Adjudication Branch U.S. Department of Labor, EEOICPA 1001 Lakeside Ave., Suite 390 Cleveland, OH 44114

Dear Sir or Madam:

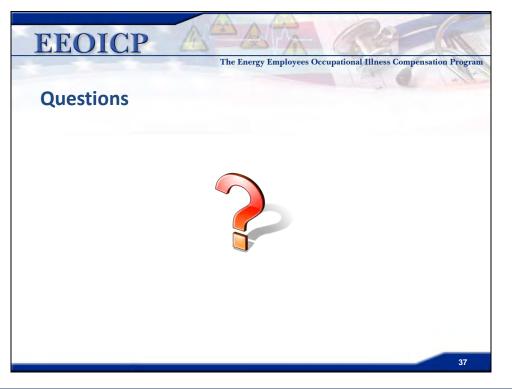
I, ______, being fully informed of my right to object to any of the findings of fact and/or conclusions of law contained in the recommended decision issued on my claim for compensation under the Energy Employees Occupational Illness Compensation Program Act, do hereby waive those rights.

Signature

Date

123-45-6789 File Number

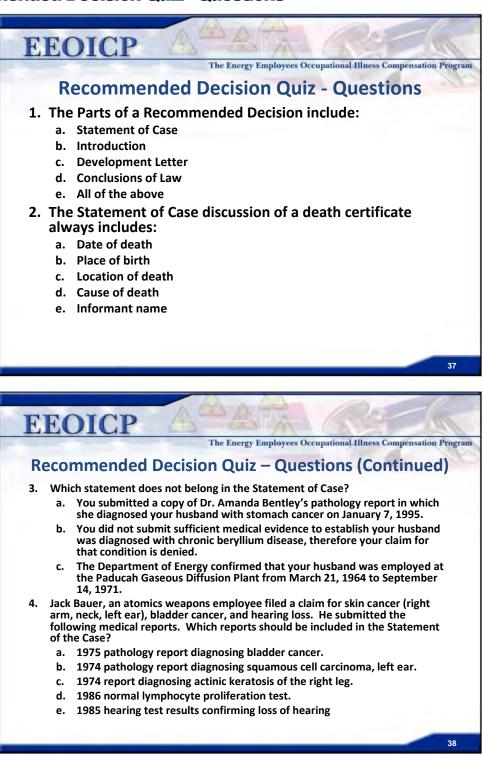
Conclusion



Your Notes

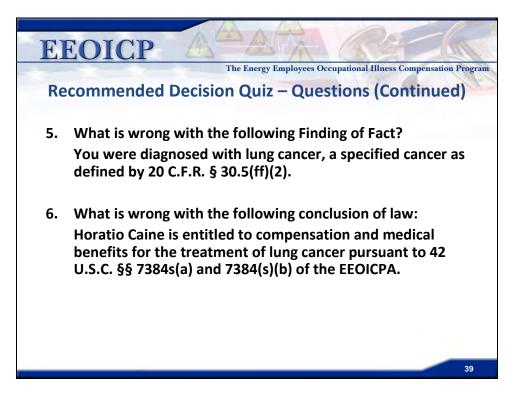
Your Notes

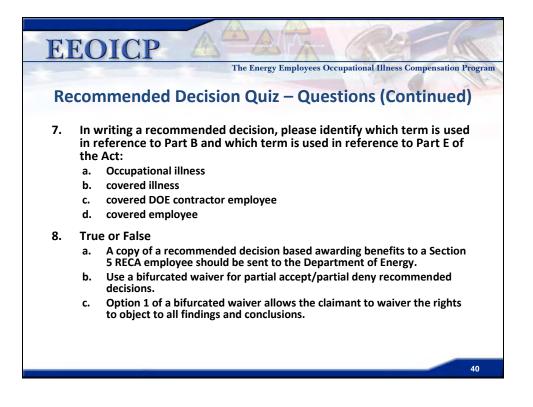
Recommended Decision Quiz - Questions



Your Answers			

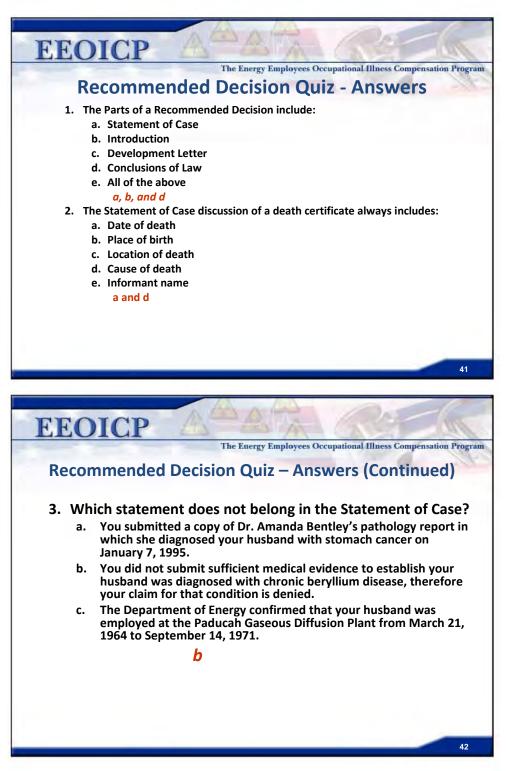
Recommended Decision Quiz – More Questions



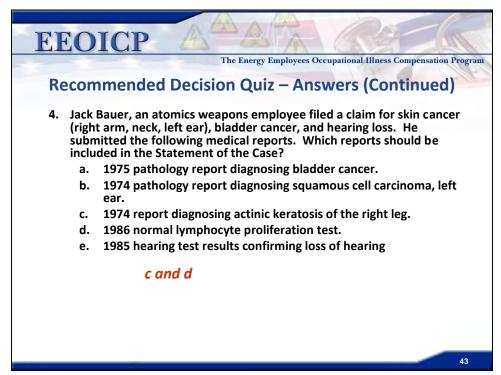


Your Answers

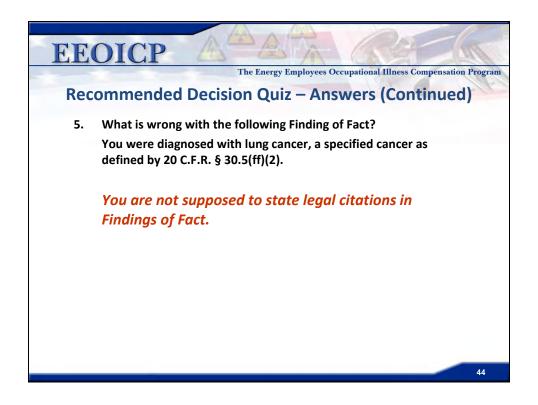
Recommended Decision Quiz – Answers



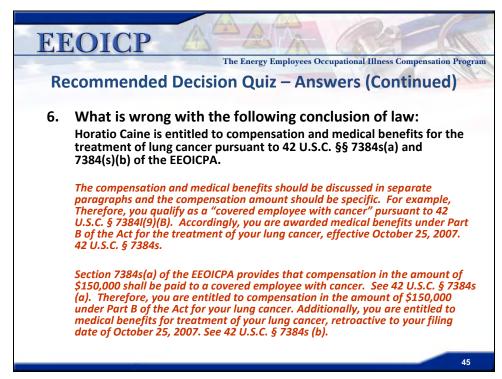
Recommended Decision Quiz – More Answers



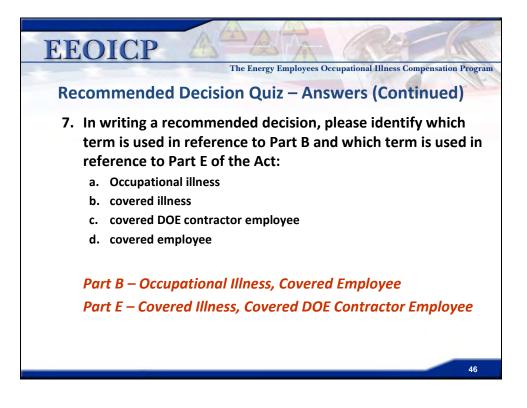
Recommended Decision Quiz – More Answers

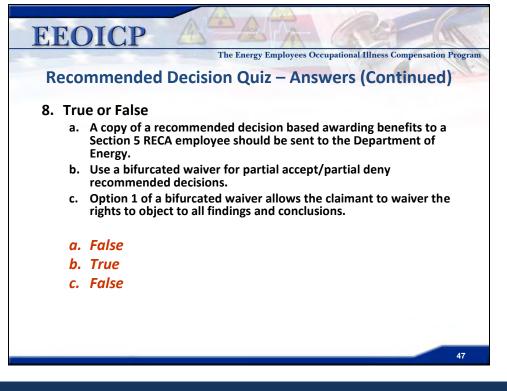


Recommended Decision Quiz – More Answers



Recommended Decision Quiz – More Answers







Participant Guide

Your Notes
>

Evaluation Form

We value your opinion. Please rate the following:

ve value your opinion. Please rate	Poor	Fair	Good	Excellent
Organization of subject matter				
Explanation of key concepts				
Presenter's knowledge of subject				
Presentation was clear and				
understandable				
Appropriate pace for training				
Relevance of training material				
Correct level of detail				
Exercise content was appropriate				
Examples were clear and helpful				
	1	I	1	1
Which topics were most beneficial to	vou?			
	<i>j</i> • • · ·			
Which topics were least beneficial to	you?			

Other comments or suggestions for improvement:

Name (optional):	Date:
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