

SMC-R1 AND R2 AT THE BOARD

The two care levels have different predicates, grant rates, denial patterns, and evidence records.

A EVIDENCE OUTCOMES REVIEW

1,753

R-LEVEL ISSUES

53.4%

R1 GRANTED OF DECIDED

39.5%

R2 GRANTED OF DECIDED

1992-2026

DECISION YEARS

R1 VERSUS R2

DECIDED OUTCOMES

377 / 329

SMC-R1

377 grants and 329 denials. The recurring questions are the O or maximum-P predicate and the need for regular aid and attendance.

134 / 205

SMC-R2

134 grants and 205 denials. The added question is whether daily care rises to personal health-care services requiring training or regular professional supervision.

LEADING DENIAL REASONS

COUNT BY LEVEL

R1: no loss of use established

55

R1: independent self-care

42

R1: not permanently bedridden

33

R1: vision criteria not met

29

R2: no higher-level care need

77

R2: no loss of use

24

R2: vision criteria not met

9

R2: A&A factors not met

7

EVIDENCE RECORDS CITED

R1 AND R2

SMC-R1

VA examinations: 951
Lay or buddy statements: 390
VA Form 21-2680: 272
Private medical opinions: 267
Hospital records: 205

SMC-R2

VA examinations: 442
Caregiver statements: 164
Lay or buddy statements: 155
Private medical opinions: 146
VA Form 21-2680: 139

R2 is not established merely because a family member provides care. The record must show prescribed daily personal health-care services and the required professional supervision.

