RATEMYVSO VISUAL GUIDE

STATUTORY BENEFIT MAP

SMC IN ONE PAGE

SPECIAL MONTHLY COMPENSATION

SMC pays for specific service-connected losses, combinations, or care needs beyond the ordinary rating schedule. Each level has its own legal predicate.

01 Start with the qualifying fact

K — SPECIFIED LOSS OR LOSS OF USE

An additional amount for qualifying anatomical or functional loss, subject to addition rules and caps.

S — HOUSEBOUND

A statutory combination or permanent housebound status with the required single total disability.

L-O — LOSS COMBINATIONS AND AID AND ATTENDANCE

Levels based on listed losses, blindness, or the factual need for regular aid and attendance.

R/T — SPECIAL CARE LEVELS

R requires the O or maximum-P predicate plus aid and attendance. T is a separate TBI route.

02 How SMC issues arise

INFERRED ISSUE

VA must consider SMC when the evidence reasonably raises entitlement, even without a separately labeled claim.

LOSS OF USE

Compare remaining function with what an amputation stump and suitable prosthesis would provide.

AID AND ATTENDANCE

Focus on personal functions, safety, and regular need for assistance, not diagnosis labels alone.

HOUSEBOUND

Apply the statutory rating combination or the permanent housebound-in-fact route.

03 Build one connected evidence record

1. **SERVICE-CONNECTED PREDICATE** — Identify which service-connected disabilities create the loss, care need, or rating combination.
2. **FUNCTIONAL EVIDENCE** — Describe feeding, dressing, hygiene, prosthetic adjustment, mobility, hazards, and supervision.
3. **MEDICAL EXAMINATION** — Use detailed findings, including VA Form 21-2680 when relevant, without treating the form as conclusive.
4. **CARE EVIDENCE** — Statements from caregivers and clinicians should identify tasks, frequency, and why assistance is required.
5. **RATING HISTORY** — Review effective dates, temporary total ratings, TDIU predicates, staged ratings, and existing SMC awards.

THE RECORD SHOULD EXPLAIN

Why these facts support this veteran's claim

- What evidence was reviewed
- When the condition and limitations began
- Which legal or medical pathway applies
- How competing explanations were addressed

SMC is not a simple ladder based on the combined percentage. Do not move from K to S to L by severity alone, and do not treat SMC-P as a separate tier above O.

04 Level map

K / S

Specified-loss add-on and housebound rate.

L / M / N

Aid and attendance, blindness, and listed anatomical or functional loss combinations.

O / P

Higher combinations, intermediate-rate authority, and the maximum-P cap.

R1 / R2 / T

Special care predicates with distinct statutory requirements.

05 Before you file

- ✓ Service-connected predicate identified
- ✓ Loss-of-use function compared
- ✓ Frequency of assistance described
- ✓ TDIU and SMC-S interaction reviewed
- ✓ Correct SMC subsection selected
- ✓ Care tasks documented
- ✓ Housebound routes checked
- ✓ Effective date developed

38 U.S.C. 1114 and 38 C.F.R. 3.350, 3.352. Rates and rules checked July 2026. Educational use only. Not legal or medical advice. Individual facts determine outcomes.