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Chapter 2
CONSIDERATIONS FOR THE DEVELOPMENT AND
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2.01 Introduction

The Department of Veterans Affairs (VA) Vocational Rehabilitation and Employment (VR&E) program provides services to assist Servicemembers and Veterans with disabilities to obtain and maintain suitable employment, and/or to obtain the skills to live as independently as possible. In some instances, rehabilitation services are provided to dependents. The services to be provided are outlined in a rehabilitation plan. When developing the plan, the Vocational Rehabilitation Counselor (VRC) must work closely with the individual to identify and address several factors that will impact the development and administration of the plan. This chapter will outline a number of those factors and provide regulatory and procedural guidance that will enable the VRC and the individual to make informed decisions during the development and administration of the rehabilitation plan.

It is important to note that the term "individual" is used in this chapter to refer to participants of the Chapter 31 program, which includes dependents, Servicemembers and Veterans.

2.02 References and Resources

- | | |
|-----------------|---|
| Laws: | 38 United States Code (U.S.C.) 3103
38 U.S.C. 3104 |
| Regulations: | 38 Code of Federal Regulations (CFR) 21.41-21.44
38 CFR 21.60-21.62
38 CFR 21.260
38 CFR 21.282
38 CFR 21.310
38 CFR 21.312 |
| VA Forms (VAF): | VAF 4107, Your Rights to Appeal Our Decision
VAF 28-1902n, Counseling Record - Narrative Report
(Supplemental Sheet)
VAF 28-1905, Authorization and Certification of Entrance
or Reentrance into Rehabilitation and Certification of Status
VAF 28-1905m, Request for and Receipt of Supplies
VAF 28-8861, Request for Medical Services |
| Websites: | http://www.atf.gov/content/state-laws-and-published-ordinances---firearms-2010---2011---31st-edition |

2.03 Vocational Rehabilitation Panel's (VRP) Role in Plan Development

The VRP plays a vital role in the development of some rehabilitation plans by providing expert opinions and guidance on complex issues. The following information outlines the process for referral to the VRP, the responsibility of the parties involved, identifies the required elements of the case review summary and discusses integrating the VRP's recommendations into the rehabilitation plan.

a. VRP Referral

1. Referral for Rehabilitation Plans

The VRC must prepare a written referral when seeking the assistance of the VRP. The referral must contain the following information:

- Reason for the referral, to include a precise statement of what action or information is requested.
- Summary of the individual's medical history, to include a clear description of his/her present functional abilities and limitations.
- Copies of pertinent medical records from private physicians as members of the panel will have access to the individual's VA medical records.
- Additional facts, observations or information deemed useful.

2. Referral for an Independent Living (IL) Plan

If the VRC is seeking guidance for an IL plan, then the referral must contain the following information:

- Statement describing the basis for the VRC's determination that the pursuit of a vocational goal is not feasible at this time.
- Statement describing the individual's IL needs.
- Specific IL objectives to be achieved by participation in the plan.
- Selected services that will assist the individual in achieving the objectives.
- Brief assessment of the individual's motivation to achieve the objectives.

b. Roles and Responsibilities

1. Vocational Rehabilitation Counselor (VRC)

The VRC is responsible for the following:

- Preparing the referral.
- Filing the referral in the corresponding Counseling/Evaluation/Rehabilitation (CER) folder.
- Routing the referral to the VR&E Officer or designee for review.
- Presenting the case to the VRP.
- Filing the VRP's case review in the individual's CER folder and centralized VRP file.
- Informing the individual of the VRP's recommendations.
- Integrating the VRP's recommendations into the rehabilitation plan as applicable.

2. VR&E Officer

The VR&E Officer is responsible for the following:

- Reviewing the referral to ensure that the information is adequate for VRP review.
- Advising the Regional Office (RO) Director when other non-medical specialists are needed for the panel to adequately address the issues to be considered.
- Presenting the case to the VRP if the VRC is not available.

3. VRP Members and Consultants

The VRP members and consultants are responsible for the following:

- Discussing the physical, social and emotional aspects of the individual's situation within the scope of the referral.
- Developing recommendations.

- Seeking additional information when needed to develop recommendations.

4. VRP Chairperson

The VRP chairperson, which in many instances is the VR&E Officer, is responsible for the following:

- Scheduling the VRP meeting.
- Sending the meeting agenda and referral information to all members of the VRP.
- Notifying the individual's accredited representative if the representative holds power of attorney in the management of the individual's case.
- Ensuring the consensus of the panel's recommendations are identified and documented in a signed and dated summary case review.
- Submitting the VRP's case review to the referring case manager.

5. VA Medical Center (VAMC) Consultant

The VAMC consultant will advise the VR&E Officer when other medical specialists are needed as a part of the VRP.

c. VRP Summary Case Review

The VRP Chairperson will document and compile the VRP's findings and recommendations into a summary case review that includes the following information:

- Name and title of the chairperson.
- Names of the attending VRP members.
- Name of the RO handling the case.
- Individual's name, date of birth and Social Security Number (SSN) or claim number.
- Concise summary of the VRP's recommendations and conclusions.
- Any other pertinent information.

d. Integrating VRP Findings

Once the VRC and the individual have discussed the findings and recommendations made by the VRP, the VRC must integrate those recommendations into the rehabilitation plan as appropriate.

See M28R.II.A.4, 38 U.S.C. 3104 and 38 CFR 21.60-21.62 for additional information on the VRP.

2.04 Services Requiring Prior Approval

Several types of plans, or services provided under plans, require additional oversight and prior approval from the VR&E Officer (VREO), RO Director, or Director, VR&E Service, as indicated in M28R.IV.C.1, or are strictly prohibited under a vocational rehabilitation plan.

a. Individualized Independent Living Plan (IILP)

A program of IL services must have prior approval of the VREO. Additional oversight is required if costs exceed certain levels. Refer to M28R.IV.C.9 for additional guidance on the development and administration of IILP.

b. Self-Employment Plans

All Category I designations for self-employment must be reviewed and approved by the Director, VR&E Service prior to plan development. The VREO must approve a self-employment plan with an estimated or actual cost of up to \$25,000. The VR&E Service Director must approve a self-employment plan with an estimated or actual cost of \$25,000 or more.

Refer to M28R.IV.C.8 for additional guidance on the development and administration of self-employment plans.

c. Retroactive Induction

The VREO must give prior approval of retroactive induction to benefits. Refer to section 2.05, below, for detailed guidance on retroactive induction.

d. Firearms

When considering a vocational goal in which a firearm will be used during training or employment, the VRC must assess the suitability of the occupational goal and address whether the goal is appropriate for the individual. Written documentation from the proposed training facility or employer must clearly state the requirement for a firearm, specify which

firearm(s) would satisfy the requirement, indicate when the firearm is needed, and identify any pre-conditions that must be met before training or employment can begin. The VRC will take the following steps to obtain concurrence when developing a plan that includes reimbursement for a firearm or ammunition:

1. Development of Proposed Rehabilitation Plan

The VRC and the individual should develop a proposed rehabilitation plan with the understanding that the plan is not approved and services are not authorized unless concurrence is obtained from the VR&E Officer and the RO Director. Under the heading, "Services Provided," the plan should clearly state what VA will provide regarding the type of firearm as well as any specific quantities of ammunition and/or other related equipment that are needed to reach the employment goal. The following statement should also be included in the plan:

"The form, Conditions of Reimbursement for Purchase of Firearms, must be signed by the individual and the VR&E Counselor. Reimbursement for the purchase of a firearm may not be authorized without the concurrence of the VR&E Officer and the Director of the VA Regional Office."

The VRC must inform the participant of the right to an administrative review by the Director of VR&E Service or an appeal to the Board of Veterans' Appeals if concurrence is not obtained.

2. Review of State and Local Laws

Relevant state and local laws and regulations regarding the purchase, licensing, registration, and use of firearms must be reviewed to identify any issues that should be addressed prior to authorization of such purchase. VA Regional Counsel should be consulted to assist with this review. The following Internet site is a valuable resource:

<http://www.atf.gov/content/state-laws-and-published-ordinances---firearms-2010---2011---31st-edition>

A copy of these laws and regulations, or Regional Counsel's review of the application of these laws in this specific case, should be filed in the CER folder.

3. Documentation of Application and Registration Process

The individual is responsible for completing any necessary applications or other paperwork regarding background checks (criminal, mental health,

safety, or other), licensing and registration of the firearm, or permits to carry or use the firearm. VA may reimburse the individual for the cost of this paperwork. A copy of all paperwork related to the application for the firearm must be filed in the CER folder. If the individual is cleared for the purchase, a copy of that clearance and a copy of the license and/or registration of the firearm and related permits must also be filed in the CER folder.

4. Required Review and Concurrence

A memorandum to the RO Director through the VR&E Officer must be prepared for review and concurrence prior to authorizing the purchase of a firearm. The VR&E Officer is responsible for reviewing the entire CER folder, the current VA service-connected and nonservice-connected disability ratings, and any pending claims for disability. The VR&E Officer must use the checklist found in Appendix AZ, Review Prior to Purchase of Firearms, to identify and address any issues that could warrant disapproval of the purchase. Examples of disability conditions which warrant sufficient documentation to resolve any doubt of the appropriateness of the handling of firearms includes neuropsychiatric conditions, such as schizophrenia, major depression, and bipolar disorder; other mental health conditions, such as post-traumatic stress disorder and anxiety disorder; and the involvement of substance abuse.

If the VR&E Officer does not concur, the VRC must provide the individual with written notification of the decision, the right to administrative review by the Director of VR&E Service and VAF 4107, Your Rights to Appeal Our Decision. If the VR&E Officer concurs, the memorandum and CER folder will be forwarded to the RO Director for review and concurrence.

If the RO Director does not concur, the VRC must provide the individual with written notification of the decision, the right to administrative review by the Director of VR&E Service and VAF 4107. If the RO Director concurs, a copy of the memo and the concurrence must be filed in the CER folder. The VRC will then meet with the individual to review and sign the Appendix BA, Conditions of Reimbursement for Purchase of Firearms.

Refer to M28R.V.A.4 for guidance on actions following concurrence for the reimbursement of a firearm. Refer to Appendix O, VA Forms, for information on how to access all VAF's referred to in this chapter.

e. Prohibited Goods and Services

Certain goods and services are not appropriate for any type of vocational rehabilitation plan and must not be authorized. In addition, plan goals in

certain industries, such as the medical marijuana industry, are in violation of federal law and must not be approved. The following goods and services must not be provided by VR&E:

1. Vehicles

A vehicle is defined as a conveyance moving on wheels, runners, tracks, or the like, which is used for transporting people or goods. Purchase or rental of trucks, cars, golf carts, all-terrain vehicles, or other means of transportation is prohibited. In addition, items such as a tractor, mower, or similar equipment must not be authorized as part of an IILP.

2. Medical Marijuana

An individual's use of medical marijuana in states where it is legal may not bar access to federal funding for a program of VA vocational rehabilitation services. However, provision of goods and services, and rehabilitation goals related to the medical marijuana industry is prohibited. Training and tools for cultivating, distributing, dispensing, or selling of medical marijuana must not be authorized under a vocational rehabilitation plan.

2.05 Retroactive Induction

VA may authorize payment for tuition, fees, and other verifiable expenses that an individual incurred, as well as establish payment of a subsistence allowance for a period of training, when it is determined that those services and training are consistent with the individual's approved rehabilitation plan.

- a. Criteria for Retroactive Induction

A program of rehabilitation and assistance may be approved retroactively when the following conditions are met, per 38 CFR 21.282:

- The period for which retroactive induction is requested is within the individual's basic period of eligibility or extended eligibility as provided in 38 U.S.C. 3103 and 38 CFR 21.41 through 21.44.
- The Veteran is entitled to disability compensation during the period for which retroactive induction is requested.
- The individual meets the criteria of entitlement to VR&E services for the requested period.
- The training pursued during the retroactive period is determined to be suitable for achieving the vocational goal of the individual's rehabilitation plan.

b. Roles and Responsibilities**1. Participant**

The individual must complete the following activities when requesting a retroactive induction:

- Submit a written request that outlines the period for which reimbursement is requested.
- Submit a written justification and a completed VAF 28-1905m, Request for and Receipt of Supplies, for all supplies and equipment for which reimbursement is requested.
- Provide an itemized receipt with proof of purchase, or an itemized list of items with bank or credit card statements to substantiate cost and proof of purchase. The bank or credit card account number must be redacted prior to submission to the VA.

2. VRC

The VRC must complete the following activities when processing a retroactive induction:

- (a) Verify that the individual meets the criteria for retroactive induction.
- (b) Obtain transcripts of the training for which the individual is requesting retroactive induction to verify that the classes are consistent with individual's vocational goal as indicated on the rehabilitation plan.
- (c) Request the training facility complete VAF 28-1905, Authorization and Certification of Entrance or Reentrance into Rehabilitation and Certification of Status, for the period of training for which the individual is requesting reimbursement. It is important to note the VA should be billed only for the program of education after the application of:
 - Any waiver of, or reduction in, tuition and fees.
 - Any scholarship, or other Federal, State, institutional, or employer-based aid or assistance that is provided directly to the institution and specifically designated for the sole purpose of defraying tuition and fees (other than loans and any funds provided under section 401(b) of the Higher Education Act of 1965 (20 U.S.C. 1070a).

- (d) Obtain receipts, either directly from the individual, vendor, or training facility. If receipts are not available, then obtain a letter from the facility or vendor which identifies the cost of items at the time training was completed.
- (e) Prepare a memorandum for review and an approval by the VREO that includes the following information:
 - Specific dates of retroactive training
 - Requested date of induction
 - Number of months of remaining entitlement
 - Entitlement Termination Date (ETD)
 - Disability rating information
 - Vocational goal
 - Documentation of other VA educational benefits used during the retroactive period
 - Information about the individual's cooperation during the counseling process

3. VREO

The VREO must concur with the retroactive induction prior to the processing of payment. This concurrence must be documented in the corresponding CER folder.

c. Completing the Retroactive Induction

Once the VR&E Officer has approved the retroactive induction, the VRC must:

- Authorize services and assistance consistent with achievement of the individual's vocational goal.
- Arrange the termination of any other VA education benefit that may have been used during the retroactive period.
- Coordinate collection of any overpayment of other VA education benefits created by the retroactive induction.

- Establish a subsistence allowance award for the period covered by the approved retroactive induction plan, as appropriate.
- Directly reimburse the individual for all applicable expenses incurred during the retroactive period.
- Authorize any related payments to service providers which are due and payable or which become payable in the future under the rehabilitation plan.

To process a direct reimbursement, VR&E staff must enter reimbursement information correctly in Corporate WINRS (CWINRS). This information must reflect the requested dates for retroactive induction and invoice information. Refer to the CWINRS User Guide, Chapter 7.5.2, for instructions on entering direct reimbursement information in the Add/Edit/View Direct Reimbursement Payment screen.

The VRC must send all documentation, to include receipts, to Finance activity at the RO for processing. Finance activity will process the payment directly to the individual through the Financial Management System (FMS). Finance uses the individual's claim number or Social Security Number (SSN) to access direct reimbursements and adds the code of WINVET to indicate to Treasury that the payment is not taxable and should not be added to personal income. The method used to submit forms to finance is varied and dependent upon local guidelines.

d. Limitations

Retroactive induction is prohibited in the following situations:

- For rehabilitation plans of service consisting solely of Independent Living services.
- During periods of extended evaluation.
- When the Veteran is requesting a transfer from Chapter 33, the Post 9/11 GI Bill, to the VR&E program.

2.06 Determining Program Participation Rates

38 CFR 21.310 provides detailed information on determining the rate of pursuit in a rehabilitation program and how to calculate rates for different types of programs.

a. Full-Time Participation

Participation in a rehabilitation plan should be full time, if possible.

b. Less than Full-Time Participation

The goal of full-time participation may not be possible based on the individual's circumstances. Pursuit at less than full time may be approved after careful consideration of all relevant factors, including, but not limited to:

- Effects of the disability(ies)
- Family responsibilities
- Economic circumstances
- Determination of reduced work tolerance
- Individual's employment status
- Other situational factors

c. Less than Half-Time Participation

Participation at less than half-time may be approved on a temporary basis if it is specifically identified in the plan and/or a determination of reduced work tolerance has been made. The VRC must determine whether the rate of pursuit can be increased to at least half-time upon the completion of the term. It is important to note that per 38 CFR 21.260, subsistence allowance is not payable when pursuing a plan at less than half-time unless a determination of reduced work tolerance has been made or unless one-quarter time is allowable under an Individualized Extended Evaluation Plan (IEEP).

See M28R.V.B.8 for guidance on calculating entitlement use for less than half-time participation.

d. Participation for Working Individuals

The rehabilitation plan may be developed to enable the individual to pursue training on a part-time basis if the individual is working, or intends to work, on a full-time basis. The VRC must determine the rate of pursuit based on the following factors:

- Employment status, to include shift work and its impact on the individual's ability to participate in the plan

- Financial needs
 - Remaining entitlement and eligibility termination date
 - Anticipated program completion date
- e. Reduced Work Tolerance (RWT)

Reduced work tolerance occurs when an individual's functional limitations, as a result of a disability(ies), impacts his/her ability to participate in a rehabilitation plan on a full-time basis. 38 CFR 21.312 provides regulatory guidance on reduced work tolerance.

1. Factors to Consider with Reduced Work Tolerance

- RWT must be determined by a VA physician based on the impact of the Veteran's service and non-service connected disabilities.
- RWT must be evaluated annually.
- Subsistence allowance is paid at the full-time rate for the type of program being pursued.
- The VRC must ensure that the rehabilitation plan provides for completion of the program within the individual's remaining entitlement or an extension of entitlement.

2. Referral for RWT Determination

The VRC must make a referral to a VA Medical Center (VAMC) for the determination of RWT. The referral is made on VAF 28-8861, Request for Medical Services. See Appendix BP, RWT Evaluation Job Aid, for an example of how to request and document RWT using VAF 28-8861. The referral must include a request for the following information:

(a) Does the individual qualify for RWT?

(b) What is the maximum amount of time the individual may devote to the following:

- Training, as expressed in credit or clock hours
- Travel related to training
- Preparation or practice of training

3. Documentation of RWT

Upon completion of an examination, assessment or review of the medical record, the VA physician documents the findings in the individual's electronic medical record and informs the VRC of his/her findings.

4. Communicating the Determination of RWT

Upon the determination of RWT, the VRC must discuss the determination and its impact on the rehabilitation plan with the individual. This communication should be done in person or via telephone, with a follow-up letter to the individual to ensure a complete understanding if the VRC determines this additional step would be helpful. The VRC must convey the following information to the individual:

- The amount of time the individual will be expected to train, travel, prepare and practice for training to be considered full time.
- An explanation that the subsistence allowance is payable at the full-time rate as long as the Veteran participates at the rate identified by the VA physician. Participation at a lower rate requires a redetermination of reduced work tolerance by a VA physician. For example, the VA physician determines the Veteran can participate in six credit hours per semester, which includes the amount of time to travel, prepare and practice for training. If the Veteran registers for six credit hours, then subsistence allowance is payable at the full-time rate. However, if the Veteran pursues any rate less than six credit hours, subsistence allowance is not payable, and a redetermination of reduced work tolerance must be completed.
- An explanation that other activities, such as employment, are prohibited as a result of the determination of reduced work tolerance because it would further reduce the individual's ability to participate in training.

The VRC must document this communication in either a CWINRS case note or by filing a copy of the letter sent to the individual, which explains the determination of RWT, on the right side of the CER folder.

2.07 Case Management Appointments

The individual's rehabilitation plan must include an identified case management level and a schedule for frequency of case management visits.

a. Definitions

1. Case Management Appointments

Case management appointments are defined as face-to-face meetings with the Chapter 31 participant that cover vocational, medical, financial, academic and any other issues impacting progress.

It is preferred that case management appointments be conducted at the training facility. However, appointments may be scheduled at the VA or an alternate location under certain circumstances, such as when requested by the individual or when meeting space is not available at the facility. "No shows" will be re-scheduled at the VA's convenience. At the minimum, the case manager should conduct at least one site visit per year at the school facility to meet with the certifying official, bookstore officials, finance office, disability office and any other relevant staff.

2. Contacts

Contacts are defined as follow-up on issues identified through the case management appointment or other case management activities. These contacts may be made by face-to-face interaction or other methods, such as:

- Telephone
- FAX
- Email
- Letter

b. Case Management Level

Each individual must be assigned a case management level in CWINRS under the Rehabilitation tab. The level must also be documented on VAF 28-1902n or in a CWINRS case note. The level is also noted on the rehabilitation plan.

The levels of case management and a description of each are provided in the chart below:

LEVEL OF CASE MANAGEMENT	DESCRIPTION
Level 1	<p>One annual face-to-face case management visit is required. Additionally, one case management follow-up by telephone or in-person is required during each of the other terms or three times per year if non-standard terms or training is non-academic.</p> <p>The individual exhibits independent, goal-oriented behavior and needs minimal contact from the case manager to stay on track. The individual may demonstrate the following characteristics:</p> <ul style="list-style-type: none"> • Stable medical conditions • Minimum requirement for support services • History of self-motivated achievement • Exceeds criteria for satisfactory progress • Independence in problem solving • Absence of Level 2 and Level 3 criteria
Level 2	<p>Face-to-face case management meetings are required once per term attended or at least three times per year for non-standard terms. For non-academic programs, required face-to-face meetings are conducted once per month for the first three months, then quarterly.</p> <p>The individual needs guidance and structure, but is able to follow through and stay on track. The individual may be recovering from recent setbacks and/or demonstrate the following characteristics:</p> <ul style="list-style-type: none"> • Requires remedial instruction to prepare for post-secondary educational placement tests • Circumstances that interfere with the individual's progress in completing the rehabilitation plan, such as personal, family, emotional, financial or medical concerns

LEVEL OF CASE MANAGEMENT	DESCRIPTION
Level 3	<p>Face-to-face case management visits are required once per month, with the exception of those individuals participating in an Individualized Employment Assistance Plan (IEAP) or Individual Independent Living Plan (IILP). See note in 2.07.c, below, on those types of plans.</p> <p>The individual requires an intensive level of services. Individual needs frequent contact and/or has multiple rehabilitation needs. Examples of circumstances that may require this level of service are:</p> <ul style="list-style-type: none"> • IL, Rehabilitation Workshops, Special Rehabilitation Facilities or Chapter 35 Special Restorative Training • Chronic, inappropriate conduct and cooperation • Behavior in violation of training establishment policies • Severe impairments due to a medical or neuropsychological condition(s) • Substance abuse issues • Homelessness • Incarceration or threatened incarceration

c. Frequency of Case Management Appointments

The frequency of appointments is determined by the type of program as indicated in the chart below. It is important to note that all programs, with the exception of those receiving training in an institution of higher learning or a non-college degree program, require an initial case management appointment within 30 days of plan development. For those individuals receiving training in an institution of higher learning or a non-college degree program, the initial case management appointment is required within 60 days.

PROGRAM TYPE	LEVEL AND FREQUENCY OF CASE MANAGEMENT APPOINTMENTS
Institution of Higher Learning or Non-College Degree Program	<p>Level 1, 2 or 3 as required by the individual's needs and circumstances.</p> <p>Assigned level may be adjusted during the rehabilitation program and should be reviewed at least annually. Only highly achieving individuals or those in advanced degree programs should be Level 1. Individuals receiving non-punitive or punitive grades or experiencing any barriers to success should be provided active case management that is in accordance with his/her needs.</p>
On-the-Job Training (OJT), Apprenticeship, Federal Paid and Unpaid OJT, Non-Paid Work Experience	<p>Level 2 or 3 as required by the individual's needs and circumstances.</p> <p>Due to the nature of OJT placements, on-site follow-up with the employer is required at the time the OJT is established and at least one time during the course of the training program.</p>
Farm Cooperative	<p>Level 2</p> <p>One of every three case management appointments with the individual must be made at the school, with at least one of the other two being made at the farm training site.</p>
Homebound/ Independent Instructor	<p>Level 2 or 3 as required by the individual's needs and circumstances.</p> <p>The independent instructor must be present at one of every three case management meetings.</p>

PROGRAM TYPE	LEVEL AND FREQUENCY OF CASE MANAGEMENT APPOINTMENTS
Employment	<p>Level 3 with allowance for monthly contacts in place of face-to-face visits if no special needs or barriers are identified. Contacts may be made by Disabled Veterans Outreach Program (DVOP) Specialists or by Local Veteran Employment Representatives (LVERs).</p> <p>Services must be tailored to the individual's needs and must be actively provided to assist the individual in obtaining and maintaining employment.</p> <p>After obtaining employment:</p> <ul style="list-style-type: none"> • Contacts may be made by DVOP/LVER • Face-to-face is not needed if no special needs or barriers are identified • Telephone and email contacts that demonstrate active assistance in accordance with the Individual's needs are allowed
Self-Employment	Level 2 or 3 as required by the individual's needs and circumstances.
<p>Special rehabilitation programs, including</p> <ul style="list-style-type: none"> • Special Rehabilitation Facilities • IL • Rehabilitation Workshop • Chapter 35 	<p>Level 3 with allowance for monthly contacts in place of face-to-face visits for periods of up to three months while waiting for cost approvals, coordination of construction or other administrative delays in active service provision.</p> <p>Case management meetings should be conducted at individual's home or a location most convenient in accordance with type of program.</p> <p>Supplemental contacts between required visits may be by telephone if most convenient for the individual.</p>
<p>Other, including:</p> <ul style="list-style-type: none"> • Extended Evaluation • Chapter 18 • Independent Study 	Level 2 or 3 as required by the individual's needs and circumstances.

