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Chapter 3 RESOURCES AND TOOLS FOR INITIAL EVALUATIONS

3.01 Introduction

Vocational Rehabilitation Counselors (VRCs) use a variety of resources and tools to aid them during the initial evaluation (38 Code of Federal Regulations [CFR] 21.50). This chapter covers the use of medical consultants, medical opinions on functional limitations and capabilities, assessments and measurements and the use of contractor services during the initial evaluation. Statutory and regulatory references are provided throughout the chapter.

3.02 References and Resources

Laws: 38 United States Code (U.S.C.) 3104

Regulations: 38 CFR 21.50
38 CFR 21.240
38 CFR 21.242

Resource: Veterans Health Administration (VHA) Directive 2010-022,
Vocational Rehabilitation: Chapter 31 Benefits Timely Access
to Health Care Services

Website: <http://www.occupationalinfo.org/>

VA Forms (VAF): VAF 21-4142, Authorization And Consent To Release
Information To The Department Of Veterans Affairs (VA)
VAF 28-1902b, Counseling Record – Narrative Report
VAF 28-1902n, Counseling Record – Narrative Report
(Supplemental Sheet)
VAF 28-8861, Request for Medical Services – Chapter 31

3.03 Medical Treatment, Care and Services to Veterans and Servicemembers by VHA

In accordance with 38 CFR 21.240(a), a Veteran or Servicemember shall be furnished medical treatment, care and services which VA determines are necessary to develop, carry out and complete the Veteran's rehabilitation plan. 38 CFR 21.242(a) states that Veteran Administration Medical Centers (VAMCs) are the primary resources for the provision of medical treatment, care and services for Veterans and Servicemembers. 38 CFR 21.242(b) further specifies that hospital care and medical services provided under Chapter 31 shall only be furnished in facilities over which VA has direct jurisdiction, except as authorized on a contract or fee basis under the provisions of Part 17 of this Title. Veterans Health Administration (VHA) Directive 2010-022 indicates that it is VHA's policy

to provide timely access to VHA health care services for Veterans participating in the Vocational Rehabilitation and Employment (VR&E) program (38 U.S.C. 3104(a)(9)). For more information on medical treatment and services, see M28R.V.A.5.

Note: VR&E cannot pay VHA for any necessary medical services provided to Veterans and Servicemembers by a VAMC or other VHA facility.

3.04 Role of the Medical Consultant

a. When to Use a Medical Consultant

During the initial evaluation, the VRC may request a VAMC medical consultation to obtain information and recommendations about the extent of the disability, the extent and nature of the limitations, medical impact of the fields of work under consideration, the possible need for adjustment or modification to a program of services and other issues of concern. The VR&E Officer (VREO) must ensure access to a medical consultant when the VRC determines that one is needed.

b. How the Medical Consultant May Provide Services

The medical consultant may provide services in a variety of ways including discussions with the VRC regarding the Veteran's limitations, treatment plans, prognosis, reviews of the Veteran's records and the Veteran's overall physical and mental health. Scheduling an examination or records review should not delay completion of the initial evaluation unless the VRC believes that the exam or records review is critical and must be performed as part of the initial evaluation.

c. Referrals for Medical Consultation

Referrals for medical consultations should provide adequate information to allow the consultant to address the referral issue. Referrals should contain information related to the Veteran's service and non-service-connected disabilities, the reason for the referral, contact information and any other pertinent information. VAF 28-8861, Request for Medical Services – Chapter 31, is used for a VHA medical consultant referral. VA forms are available at Appendix O, VA Forms.

d. Documenting the Medical Consultation

The VRC must use one or more of the following methods to document the need and results for a medical consultation:

- VAF 28-8861, Request for Medical Services-Chapter 31
 - Electronic medical notes, such as Compensation and Pension Records Interchange (CAPRI)
 - Corporate WINRS (CWINRS) notes
- e. Consideration of the Medical Consultant's Recommendations

The VRC must review and carefully consider the recommendations of the medical consultant, but the VRC has ultimate responsibility for making the entitlement decision. The VRC will consider the information obtained through medical consultation in conjunction with all other information obtained throughout the evaluation to make sound decisions regarding the Veteran's rehabilitation.

3.05 Requesting a Medical Opinion Related to Functional Limitations and Capabilities

The VRC will occasionally need additional medical information to determine the extent of functional capabilities and/or limitations. Additionally, medical support for an individual's ability to perform certain essential duties of a particular occupation may be needed as part of vocational exploration and rehabilitation planning.

a. Requesting a Medical Opinion Related to Functional Limitations

VRCs have professional knowledge of disability conditions which equip them with the ability to ascertain functional limitation information required of the initial evaluation by reviewing the Veteran's medical records and/or disability rating. However, in the event that the VRC is unable to determine the extent of the functional limitations related to a disability condition or multiple conditions, a medical consultation may be required with the Veteran's or Servicemember's treating physician. This may be a VA or non-VA physician, although the Veteran's or Servicemember's consent is needed for non-VA physicians.

b. Requesting a Medical Opinion Related to Specific Capabilities

VRCs may need an additional assessment of a Veteran's specific capabilities related to the essential duties of an occupation being considered as part of rehabilitation planning. Alternatively, if the Veteran's specific capabilities are unclear with regards to cognitive or physical functioning, the VRC may need general information about the Veteran's capabilities to determine which types of occupations will be suitable based on the Veteran's abilities.

When asking a treatment provider for this information, VAF 28-8861 is used. The VAF 21-4142, signed by the Veteran, is used when requesting information from a non-VA provider. In the Comments section of VAF 21-4142 or VAF-28-8861, only information specifically needed in the evaluation is requested, but VRCs should not specify the means by which the treatment provider will assess the Veteran for the needed information. In some cases, treatment providers will be able to provide the requested information based on existing medical treatment records. In other cases, the treatment provider may conduct an assessment or refer out to a specialist for specific assessments.

When requesting general information about capabilities, the VRC should be clear about the need. If a specific concern is present, the VRC should indicate what the identified concern is and ask the treatment provider for specific information and recommendations.

Examples of the type of information a VRC may request in a medical opinion include:

- Functional limitations and capabilities that need to be identified as they relate to a specific employment goal.
- Whether the proposed employment goal is unrealistic due to physical or cognitive limitations.
- Any physical disabilities that may impact desired employment opportunities.
- Any necessary workplace accommodations.
- Whether the individual meets or exceeds the physical requirements of the occupation. Information on occupational physical requirements may be found in the Directory of Occupation Titles (DOT) and at M28R.IV.B.4.
- Whether the individual is fit to return to work based on his/her current physical or cognitive limitations.
- Whether the individual is currently engaged in treatment that is expected to improve his/her functional capacity.
- Whether the individual may have reduced work tolerance and thus, have a reduced attendance requirement, which may only be authorized by a VA physician.

c. Sources of Information to Define Occupational Requirements

When requesting information about specific capabilities related to an occupation being explored during the evaluation, the VRC should indicate what the specific physical requirements are and whether the Veteran can perform those physical requirements. Occupational requirements outlining the functional requirements of the occupation should be obtained from a documented source such as the Occupational Outlook Handbook (OOH), DOT, Occupational Information Network (O*NET), etc. (see M28R.IV.B.4). This information should be cited on the request.

If the position has many physical requirements, a list of those requirements (which may be obtained in the OOH, DOT, and/or O*Net) should be provided to the treatment provider, with space for him/her to indicate if the Veteran can perform, cannot perform or can perform with assistive devices. Alternatively, if the VRC and Veteran are considering several occupations with differing requirements, the VRC may ask the treatment provider what level of functioning the Veteran can perform in a certain category. For example, if asking about a Veteran's ability to lift, the VRC may ask the treatment provider if the Veteran is able to lift light, medium, or heavy weight defined in pounds. For more information on strength ratings, see <http://www.occupationalinfo.org/>.

d. Specialized Assessments

In some cases, treatment providers may refer out for specialized assessments such as neuropsychological assessments or functional capacity assessments. In these cases, the treatment provider may refer to a provider within the VHA system or refer to a private provider under the VHA fee basis program. Note that a VRC may not request such a specialized assessment, as it is within the purview of the medical provider to determine when such specialized assessments are necessary to address the VRC's specific concerns or questions.

3.06 Assessments and Measurements

a. CareerScope Skills Assessment Portal

CareerScope provides Veterans and Servicemembers online access to aptitude and interest assessment instruments used during the initial comprehensive evaluation. Use of CareerScope is mandatory by VR&E staff, and it replaces all tests and measurement tools formally used by VR&E. CareerScope may only be used by VR&E staff, as the VetSuccess contract requires contractors to supply their own testing materials for use in working

with Veterans or Servicemembers referred for assessment services.

In the event that the CareerScope assessment cannot meet the needs of a Veteran or Servicemember due to specific disability limitations, the VRC should request assistance from VHA. For example, specialized testing may be required for a Veteran or Servicemember with a significant visual impairment. In this case, the VRC would refer him/her to VHA's Blind Rehabilitation Services Division for specialized services.

VR&E staff may also refer the Veteran or Servicemember to a VetSuccess contractor or use other community resources to obtain necessary specialized testing. If the services are not available from VHA or a VetSuccess contractor, specialized testing may be procured with the assistance of a VA contract specialist. Specialized testing may be procured only after a VR&E staff member has certified that the CareerScope assessment is insufficient and that specialized testing is required for that specific Veteran or Servicemember due to his/her disability or other needs.

The CareerScope administrator is chosen by the Regional Office (RO), and he/she manages the CareerScope portal. The VRC requests log-in instructions for Veterans and Servicemembers from the administrator, and then provides him/her with a CareerScope portal link, username and password. Veterans or Servicemembers may access CareerScope from the RO Job Resource Lab (JRL), his/her home computer or any other computer with direct access to the Internet.

Once the Veteran or Servicemember has completed the self-administered assessment, it is analyzed and the VRC receives an email notification prompting him/her to download the CareerScope report. After interpreting the results of the assessment, the VRC will meet with the Veteran or Servicemember and clearly explain the results of each assessment, to include its purpose, and provide a thorough explanation of the individual's scores in context with norms, not raw numbers. During this discussion, the VRC should determine if the Veteran or Servicemember agrees with the results of the assessment. If the individual does not agree with the assessment, the VRC should consider factors or circumstances that might have impacted the accuracy of the results.

b. Importance of Assessments and Measurements

Assessments and measurements are used to provide further information regarding an individual's aptitudes, interests, abilities, temperament and personality and current level of psychological functioning.

c. Purpose of Standardized Assessments

Results of standardized assessments provide, in combination with other information, a foundation for vocational exploration, determination of the suitability of current employment or a proposed vocational goal and the identification of rehabilitation needs.

Note: If the individual has taken a battery of tests within the last two to three years, when possible/permissible, the VRC should obtain and use these results instead of administering a new assessment. The VRC will need to ensure that no major changes or events have occurred that would require a new assessment. An example of a major change or event would be a Traumatic Brain Injury (TBI) or a stroke.

d. Use of Assessments and Measurements

When assessing interests, abilities and aptitudes, it is generally accepted that past performance and demonstrated interests are the best predictors of future performance. However, when existing information is insufficient and/or contradictory, the VRC should use standardized assessments of aptitude or ability to ensure the evaluation is comprehensive.

e. Assessment Selection

The VREO will ensure that the instruments selected are appropriate for use in a given situation or with a particular individual, sufficient referral information is furnished to third party providers to ensure that appropriate assessments are utilized, assessments are appropriate for use with persons with a disability(ies) or culturally diverse individuals and the norm group on which selected assessments have been standardized includes members of the population to which the individual belongs.

f. Documenting Assessment Results

All assessment results are documented, including those from other sources, using VAF 28-1902b, Counseling Record – Narrative Report and VAF 28-1902n, Counseling Record – Narrative Report (Supplemental Sheet). The VRC will describe the assessment(s) used, perform a transferable skills analysis, note the results of the assessment(s) and the vocational significance of the results. If no assessment(s) are administered, the VRC should explain the rationale and the alternative information used to assess abilities, aptitudes and interests. For example, school transcripts may be used in lieu of standardized tests to assess a Veteran's aptitudes and abilities.

3.07 Contractor Services

In order to expedite the initial evaluation process, the VRC may use the services of a contractor. The VRC must contact the applicant prior to any contractor involvement to inform the individual that he/she is being referred to a specific contractor and the purpose for referral.

The VRC should ensure that referrals for specific services are made to contractors with expertise in the needed area. Services should not be requested which are outside the scope of the contract.

For more information on contracting activities, see M28R.V.B.4.