Chapter 2

CONSIDERATIONS FOR THE DEVELOPMENT AND

ADMINISTRATION OF THE REHABILITATION PLAN

[2.01 Introduction](#_Toc435535252)

[2.02 References and Resources](#_Toc435535253)

[2.03 Vocational Rehabilitation Panel’s (VRP) Role in Plan Development](#_Toc435535254)

[a. VRP Referral](#_Toc435535255)

[b. Roles and Responsibilities](#_Toc435535256)

[c. VRP Summary Case Review](#_Toc435535257)

[d. Integrating VRP Findings](#_Toc435535258)

[2.04 Services Requiring Prior Approval](#_Toc435535259)

[a. Individualized Independent Living Plan (IILP)](#_Toc435535260)

[b. Self-Employment Plans](#_Toc435535261)

[c. Retroactive Induction](#_Toc435535262)

[d. Firearms](#_Toc435535263)

[e. Prohibited Goods and Services](#_Toc435535264)

[2.05 Retroactive Induction](#_Toc435535265)

[a. Criteria for Retroactive Induction](#_Toc435535266)

[b. Roles and Responsibilities](#_Toc435535267)

[c. Completing the Retroactive Induction](#_Toc435535268)

[d. Limitations](#_Toc435535269)

[2.06 Retroactive Reimbursement](#_Toc435535270)

[a. Difference Between Retroactive Induction and Retroactive Reimbursement](#_Toc435535271)

[b. Options for Electing Payment of Benefits under Chapter 31](#_Toc435535272)

[c. Criteria for Retroactive Reimbursement](#_Toc435535273)

[d. Effective Date of Transfer of Benefits](#_Toc435535274)

[e. Restrictions for Retroactive Reimbursement](#_Toc435535275)

[f. Authorization for Retroactive Reimbursement](#_Toc435535276)

[g. Requests for Retroactive Reimbursement for Closed Cases](#_Toc435535277)

[2.07 Determining Program Participation Rates](#_Toc435535278)

[a. Full-Time Participation](#_Toc435535279)

[b. Less than Full-Time Participation](#_Toc435535280)

[c. Less than Half-Time Participation](#_Toc435535281)

[d. Participation for Working Individuals](#_Toc435535282)

[e. Reduced Work Tolerance (RWT)](#_Toc435535283)

[2.08 Case Management Appointments](#_Toc435535284)

[a. Definitions](#_Toc435535285)

[b. Case Management Level](#_Toc435535286)

[c. Frequency of Case Management Appointments](#_Toc435535287)

[d. TeleCounseling](#_Toc435535288)

[2.09 Service Types, Service Detail Types and Progress Status](#_Toc435535289)

[a. Service Types](#_Toc435535290)

[b. Service Detail Types](#_Toc435535291)

[c. Progress Status](#_Toc435535292)

Appendix F. Instructions for Adding and Updating Service Types, Service Details

and Progress Status

Appendix O. VA Forms

Appendix AB. Election of Retroactive VR&E Chapter 31 Benefits

Appendix AF. VA Letters

Appendix AH. Ch33 Retroactive Reimbursement Calculator

Appendix AJ. FAX – Ch33 Retroactive Reimbursement Tracking

Appendix AV. VREO Concurrence – Ch33 Retroactive Reimbursement

Appendix AZ. Review Prior to Purchase of Firearms

Appendix BA. Conditions for Reimbursement of Purchase of Firearms

Appendix BB. VRC Checklist – Ch33 Retroactive Reimbursement

Appendix BO. Veteran Checklist – Ch33 Retroactive Reimbursement

Appendix BP. RWT Evaluation Job Aid

Appendix BR. Transfer to Chapter 31 – Instructions to Veteran

Chapter 2

CONSIDERATIONS FOR THE DEVELOPMENT AND

ADMINISTRATION OF THE REHABILITATION PLAN

# Introduction

(Change Date August 15, 2013)

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. 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 Servicemembers and Veterans. The term “Servicemember” or “Veteran” will be used when procedural guidance is specific to one of those populations.

# References and Resources

(Change Date August 23, 2017)

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 28-0987, Election for Chapter 31 Subsistence Allowance (CH31SA) Rate or Chapter 31 Post-9/11 Subsistence Allowance (P911SA) Rate

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

# Vocational Rehabilitation Panel’s (VRP) Role in Plan Development

(Change Date August 15, 2013)

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.

## VRP Referral

(Change Date August 15, 2013)

### 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.

### Referral for an Independent Living (IL) Plan

(Change Date August 15, 2013)

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.

## Roles and Responsibilities

### Vocational Rehabilitation Counselor (VRC)

(Change Date August 15, 2013)

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 VREO 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.

### VR&E Officer (VREO)

(Change Date September 26, 2017)

The VREO 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.

It is important to note that per 38 CFR 21.60(c)(1), the VREO may not serve as either chairperson or a member of the VRP.

### VRP Members and Consultants

(Change Date August 15, 2013)

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.

### VRP Chairperson

(Change Date August 15, 2013)

The VRP chairperson 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.

### VA Medical Center (VAMC) Consultant

(Change Date August 15, 2013)

The VAMC consultant will advise the VREO when other medical specialists are needed as a part of the VRP.

## VRP Summary Case Review

(Change Date August 15, 2013)

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.

## Integrating VRP Findings

(Change Date August 15, 2013)

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.

# Services Requiring Prior Approval

(Change Date July 2, 2014)

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

## Individualized Independent Living Plan (IILP)

(Change Date July 2, 2014)

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.

## Self-Employment Plans

(Change Date July 2, 2014)

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.

## Retroactive Induction

(Change Date July 2, 2014)

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

## Firearms

(Change Date January 27, 2014)

The VRC must assess the suitability of the occupational goal and provide the rationale for the appropriateness of the goal for the individual when considering a vocational goal in which a firearm will be used during training or employment.

The VRC must ensure that a written documentation is obtained from the proposed training facility or employer that clearly addresses the following:

* The requirement for a firearm.
* The specific firearm that would satisfy the requirement.
* The date that the firearm is needed.
* Any pre-conditions that must be met before training or employment can begin.

Note: For authorizing purchase of firearm for an individual, the term “firearm” will include ammunition and firearm parts.

The VRC must take the following steps to obtain concurrence when developing a plan that includes reimbursement for a firearm:

### Development of Proposed Rehabilitation Plan

(Change Date January 27, 2014)

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 VREO 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, firearm parts, 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 individual his/her 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.

### Review of State and Local Laws

(Change Date January 27, 2014)

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. A copy of local 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.

### Documentation of Application and Registration Process

(Change Date January 27, 2014)

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 approved 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.

### Required Concurrence

(Change Date January 27, 2014)

A memorandum to the RO Director through the VREO must be prepared for review and concurrence prior to authorizing the purchase of a firearm. The VREO is responsible for reviewing the entire CER folder, the current VA service-connected and non-service-connected disability ratings, and any pending claims for disability. The VREO 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 substance abuse.

#### VR&E Officer’s Concurrence

1. If the VREO 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.
2. If the VREO concurs, the memorandum and CER folder will be forwarded to the RO Director for review and concurrence.

#### RO Director’s Concurrence

1. 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.
2. If the RO Director concurs, a copy of the memo and the concurrence must be filed in the CER folder. Subsequently, the VRC will meet with the individual to review and sign Appendix BA, Conditions of Reimbursement for Purchase of Firearms.

Refer to M28R.V.A.4 for guidance on procedures on reimbursement of purchase of a firearm. Refer to Appendix O, VA Forms, for information on how to access all VA forms referred to in this chapter.

### Required Systematic Review

(Change Date November 19, 2015)

The case manager is responsible for an ongoing review of any circumstances that may interfere with the successful completion of the individual’s rehabilitation program. This includes review of any situation that may lead to the revocation of the individual’s registration to own or permit to use the firearm.

## Prohibited Goods and Services

(Change Date December 12, 2013)

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:

### Vehicles

(Change Date August 15, 2013)

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.

### Medical Marijuana

(Change Date December 12, 2013)

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.

# Retroactive Induction

(Change Date August 15, 2013)

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.

## Criteria for Retroactive Induction

(Change Date August 15, 2013)

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 individual 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.

## Roles and Responsibilities

### Participant

(Change Date August 15, 2013)

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.

### VRC

(Change Date August 15, 2013)

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

#### Verify that the individual meets the criteria for retroactive induction.

#### 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.

#### 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).

#### 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.

#### 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.

### VREO

(Change Date August 15, 2013)

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

## Completing the Retroactive Induction

(Change Date August 15, 2013)

Once the VREO 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.

## Limitations

(Change Date August 15, 2013)

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 individual is requesting a transfer from Chapter 33, the Post 9/11 GI Bill, to the VR&E program.

# Retroactive Reimbursement

(Change Date October 1, 2014)

Retroactive reimbursement is the authorization of benefits and services under Chapter 31 for a period previously paid under Chapter 33. It includes calculating and paying the difference between the benefits the individual received under Chapter 33 and what the individual would have received under Chapter 31 for that same period, if the individual had been determined eligible and entitled to Chapter 31 for that period.

## Difference Between Retroactive Induction and Retroactive Reimbursement

(Change Date October 1, 2014)

The requirement that currently exists for retroactive induction that does not apply to retroactive reimbursement is the recoupment of VA benefits that were previously paid. This means that an overpayment is not created for cases in which Chapter 33 benefits were previously paid.

The Office of General Counsel (OGC) does not consider this a duplication of benefits if payments authorized under Chapter 31 only include any of the following:

* Charges that were not previously paid under Chapter 33.
* Charges that were not previously waived by the training facility.
* Charges that were not previously paid by grant or scholarship.

## Options for Electing Payment of Benefits under Chapter 31

(Change Date October 1, 2014)

An individual with dual eligibility for Chapter 33 benefits and Chapter 31 benefits has the following two options for electing payment of benefits under Chapter 31, including the Chapter 31 Post-9/11 Subsistence Allowance (P911SA):

### P911SA Monthly Allowance under Chapter 31, Without Requesting Retroactive Benefit Coverage

(Change Date October 1, 2014)

To receive the P911SA rate while participating in a Chapter 31 rehabilitation plan without requesting retroactive benefit coverage, the individual must have some remaining eligibility under Chapter 33 when eligibility and entitlement for Chapter 31 is determined. The individual must use VAF 28-0987, “Election of Post-9/11 Subsistence Allowance in Lieu of Regular Chapter 31 Subsistence Allowance”, to document this election. The individual may only elect P911SA for a period of retroactive approval beginning August 1, 2011 or later.

It is important to note that an individual who exhausted Chapter 33 benefits before establishing entitlement under Chapter 31 may qualify for P911SA only if retroactive reimbursement approval includes a period when Chapter 33 benefits were paid. If the individual has met all conditions for retroactive reimbursement approval noted below, the VRC may authorize retroactive reimbursement, as well as future payments of P911SA under the Chapter 31 plan developed.

### Retroactive Reimbursement

(Change Date October 1, 2014)

To receive the difference in benefits under Chapter 31 and Chapter 33, the individual must elect a start date for Chapter 31 coverage that includes the period when Chapter 33 benefits were paid. This includes reimbursement of the difference in tuition, fees, books, supplies, and monthly allowance benefits when the benefits that can be authorized under Chapter 31 are greater than what the individual was paid under Chapter 33. The individual must use Appendix AB, Election of Retroactive VR&E Chapter 31 Benefits, to document this election. The individual may only elect P911SA for a period of retroactive approval beginning August 1, 2011 or later.

## Criteria for Retroactive Reimbursement

(Change Date October 1, 2014)

A VRC may approve a program of rehabilitation and assistance retroactively when the following conditions are met:

* Following an initial evaluation, the individual was determined eligible and entitled under Chapter 31 during the prior period of training provided under Chapter 33.
* The individual has requested reimbursement under Chapter 31 for the period of training provided under Chapter 33. The evidence of record must show that the conditions for retroactive approval outlined in 38 CFR 21.282, with the exception of the condition outlined in 38 CFR 21.282(c)(5), were met for the period of training the individual requests retroactive reimbursement under Chapter 31.
* The prior training will contribute to the achievement of the vocational goal approved in the Chapter 31 rehabilitation plan.
* The VREO or designee concurs with the request for reimbursement.

## Effective Date of Transfer of Benefits

(Change Date October 1, 2014)

Transfer of benefits from Chapter 33 to Chapter 31 will be effective on the term following the last term the individual was paid under Chapter 33. Election and transfer dates must coincide with the start or end of a school term. Transfer or coverage of benefits under Chapter 31 may not occur mid-term.

The date of election of Chapter 31 for the purpose of retroactive reimbursement will be different from the date of transfer to Chapter 31.

## Restrictions for Retroactive Reimbursement

(Change Date October 1, 2014)

Retroactive reimbursement will not be authorized for individuals receiving an Individualized Independent Living Plan (IILP) of services or Individualized Extended Evaluation Plan (IEEP) of services.

## Authorization for Retroactive Reimbursement

(Change Date October 1, 2014)

Upon receipt of request for retroactive reimbursement of benefits, the VRC must first determine whether retroactive coverage is appropriate. This will be determined on a case-by-case basis using the criteria for authorizing retroactive induction outlined in section 2.06 of this chapter.

### Appendix BB - VRC Checklist – Ch33 Retroactive Reimbursement

(Change Date October 1, 2014)

The VRC will follow the steps outlined in Appendix BB, VRC Checklist –CH33 Retroactive Reimbursement, when administering retroactive reimbursement of benefits to ensure appropriate actions are taken in documenting and processing the transfer and payment of funds.

### Case in Evaluation and Planning (EP) Status

(Change Date October 1, 2014)

If the individual has used or is currently using Chapter 33 and his/her case is in EP status at the time retroactive reimbursement is requested, the VRC must follow the steps below:

#### The VRC must explain the benefits the individual would receive under each program.

#### The VRC must advise the individual that he/she must elect to use only one of the two benefits, as both cannot be used concurrently.

#### The VRC must provide Appendix BR, Transfer to Chapter 31 – Instructions to Veteran, and Appendix AB, Election of Retroactive VR&E Chapter 31 Benefits, and review them with the individual. This form explains the retroactive reimbursement and the calculation for the difference between benefits actually received under Chapter 33 and what one would have received under Chapter 31. It provides the requirements to process retroactive reimbursement, such as receipts for books and supplies. When reviewing this information with the individual, the VRC must explain the guidelines regarding transfer and reimbursement procedures and that any grants or scholarships already applied to tuition and fees will not be reimbursed under Chapter 31, as discussed in M28R.V.B.7.

#### Appendix AB, Election of Retroactive VR&E Chapter 31 Benefits, is used to document the individual’s formal election to receive the P911SA while participating in a plan of services under Chapter 31. It is used also to determine the date of election for receipt of retroactive benefits, as well as the effective date of transfer to Chapter 31.

#### The individual must sign the form and the VRC must ensure that a copy is placed in his/her CER folder.

#### The VRC will develop an Individualized Written Rehabilitation Plan (IWRP) leading to a suitable vocational goal and obtain approval for annual costs of services authorized in the plan, if required. Current procedures for justification of high cost facilities and approval of annual costs must be followed, including costs related to retroactive reimbursement. The VRC must ensure that items to be retroactively reimbursed for the period previously paid under Chapter 33 are clearly listed in the IWRP.

### Individual Currently Participating in an IWRP

(Change Date October 1, 2014)

If the individual is already participating in a plan of services, the VRC must amend the plan and obtain concurrence from the VREO or designee prior to signing the amended plan of services. The VRC must ensure that items to be retroactively reimbursed for the period previously paid under Chapter 33 are clearly listed in the individual’s amended plan.

### Required Documentation for VR&E Officer’s Concurrence

(Change Date October 1, 2014)

The VREO or designee must concur with the retroactive reimbursement prior to the signing of a new or amended IWRP that includes retroactive reimbursement. The VRC must submit the following items when requesting VREO concurrence:

#### A written justification for retroactive reimbursement on VAF 28-1905d or CWINRS Note that clearly indicates the following:

* How the criteria for retroactive approval under 38 CFR 21.282, except 21.282(c)(5), have been met.
* The period to be approved.
* The specific services to be approved, e.g., difference of tuition.

#### A copy of the signed Appendix AB, Election of Retroactive VR&E Chapter 31 Benefits.

#### A copy of the Long Term Solution (LTS) screens showing Chapter 33 benefits paid to the individual for the period that is requested for retroactive reimbursement.

#### A copy of the IWRP or amended IWRP that clearly lists all retroactive services that are being authorized.

#### Appendix AV, VREO Concurrence – Ch33 Retroactive Reimbursement, that documents the VREO or designee’s concurrence.

### VR&E Officer Does Not Concur

(Change Date October 1, 2014)

If the VREO does not concur with the retroactive reimbursement, the VREO must document the reasons for denial on the Appendix AV, VREO Concurrence – Ch33 Retroactive Reimbursement. The VRC must provide the individual with a written notice of adverse action and appellate rights. All documentation must be filed in the individual’s CER folder.

### VR&E Officer Concurs

(Change Date October 1, 2014)

When concurrence is obtained, the VRC must review all aspects of the plan with the individual, including the individual’s responsibilities for providing supporting documentation for the retroactive reimbursement payment at the time the IWRP is signed. In addition to VA Form 28-0800, VR&E Program Orientation, the VRC must provide the individual with Appendix BO, Veteran Checklist – Ch33 Retroactive Reimbursement.

The checklist provides guidelines for gathering documents necessary to process the retroactive reimbursement. Documents include school transcript of records, course syllabi and receipts of payment for required books and supplies. The checklist includes a section for the individual to certify that the information provided is accurate and complete. The VRC must verify receipt of the documents from the individual. The VRC must not sign the checklist until the individual submits all receipts and supporting documentation. The signed copy of the checklist, along with the required documentation, must be filed on the left section of the individual’s CER folder.

### Notify the Regional Processing Office (RPO)

(Change Date October 1, 2014)

The VRC must notify the RPO of the effective date of the individual’s transfer to Chapter 31 and must verify that the RPO will process no further Chapter 33 awards following the end of the current or most recent award period.

The earliest effective date of transfer will be the day following the last date of payment under the current or most recent Chapter 33 award. The date of transfer may be different from the date for which the individual is requesting reimbursement.

Note: Retroactive reimbursement is an internal VR&E process only. The VRC must not notify the RPO of the requested date for retroactive reimbursement as the RPO may inadvertently terminate Chapter 33 benefits on that date, which would lead to the development of an overpayment.

### Notify the Training Facility

(Change Date October 1, 2014)

After the individual and VRC sign the plan, the VRC will notify the training facility of funding authorized under Chapter 31 using VAF 28-1905, Authorization and Certification of Entrance or Reentrance into Rehabilitation and Certification of Status. The form is used to confirm individual’s election of Chapter 31 benefits, including any current or future training, and to identify the VR&E contact for billing and enrollment certification.

### Process Retroactive Reimbursement Payment for Tuition, Books, Fees, and Supplies

Retroactive reimbursement payments for the difference in tuition, fees, books, and supplies, are processed as direct reimbursements. The VRC will obtain documentation from the individual and/or the training facility regarding actual tuition and fee charges for the retroactive period that clearly shows how funding from various sources was applied to pay those charges. Documentation in LTS may be used as certification of Chapter 33 assistance already paid for that period.

The VRC will review documentation and use the Calculator Tool, Appendix AH, to deduct any Chapter 33 payments and any financial aid grants or scholarships that were applied to tuition and fees. If any tuition waivers, scholarships, or Title IV funds, such as Pell grant or Supplemental Educational Opportunity Grant (SEOG), were applied to tuition or fees, VA cannot reimburse the individual for those amounts, as noted in M28R.V.B.7. The VRC may consider reimbursement for any remaining charges that were paid by the individual, including amounts paid by student loans. Retroactive reimbursement will be considered for all courses completed and paid during the retroactive time period approved for the Veteran. The VRC must not request that VR&E be billed by the training facility for a retroactive period, as all amounts will be reimbursed directly to the individual.

The VRC will obtain documentation from the individual for costs of necessary books and supplies for the retroactive period. This should include itemized receipts and copies of course syllabi to verify the need for specific textbooks or supplies, as outlined in M28R.V.A.3. Receipts must be provided for all books and supplies purchased by the individual, and reimbursement can only be made for expenses that exceeded the book and supply allowance paid under Chapter 33.

The VRC will create a Direct Reimbursement transaction in CWINRS for the difference in tuition, fees, books, and supplies, using the total from the Calculator Tool Summary Sheet. See the CWINRS User Guide, Chapter 7.5.2 for instructions on entering direct reimbursement information in the Add/Edit/View Direct Reimbursement Payment screen.

### Process Retroactive Reimbursement for Subsistence Allowance Awards

(Change Date October 1, 2014)

The VRC will review LTS screens to determine certified dates of attendance and rate of pursuit for a period previously paid under Chapter 33 to determine if the individual qualifies for a reimbursement of subsistence allowance for this period. A separate VAF 28-1905 or new VA-Once certification is not required to process retroactive reimbursement for monthly allowance paid under Chapter 33.

The VRC will use the Calculator Tool to determine the amount of subsistence due to the individual for the approved retroactive period by subtracting what the individual received under Chapter 33 from what the individual would have received under Chapter 31 for that period. Rate protection or “grandfathering” of a previous year’s higher P911SA rate may be provided if the individual had received the previous year’s P911SA rate and remained continuously enrolled at the same facility, as long as the term from which the rate is grandfathered is also within the approved retroactive coverage period. If the individual is approved for retroactive reimbursement for a period previously paid under Chapter 33, the individual is eligible for P911SA for that period, but not earlier than August 1, 2011. The amount of subsistence due to the individual for the retroactive period will not be processed in SAM. Any difference in the subsistence allowance due to the individual for reimbursement is processed out-of-system, as outlined in M28R.V.B.8.

It is important to note that Servicemembers are not eligible to receive a subsistence allowance while on active duty status.

### Notify Finance

The VRC must notify Finance of the amount to be reimbursed to the individual. The VRC should not create separate Summary Sheets for each type of benefit being reimbursed; only one Retroactive Reimbursement package per individual should be submitted to Finance for processing. The Summary Sheet from the Calculator Tool will list the total approved for reimbursement, including any amounts for tuition and fees, books and supplies, and/or monthly allowance. The VRC serves as the authorizing official for the reimbursement by signing the Summary Sheet and providing a copy to Finance. The VRC must file the Summary Sheet in the left flap of the CER folder.

### Notify the Individual

(Change Date October 1, 2014)

When the retroactive reimbursement is processed by Finance, the VRC must send the individual the appropriate notification letter with an explanation of retroactive reimbursement payment amounts. See Appendix AF, VA Letters, for information on how to access VA letters.

The VRC must update the form letter with the payment amounts that the VRC authorized for the individual in CWINRS and on the Calculator Tool Summary Sheet. A copy of the letter will be placed in the left flap of the CER folder.

### Notify VR&E Service

(Change Date October 1, 2014)

VR&E Service is tracking retroactive reimbursements that are completed in each RO. Upon each completion of a retroactive reimbursement, the RO must submit the completed summary sheet in Appendix AH, Ch33 Retroactive Reimbursement Calculator, to VR&E Service via FAX with the cover sheet in Appendix AJ, FAX – CH33 Retroactive Reimbursement.

## Requests for Retroactive Reimbursement for Closed Cases

(Change Date October 1, 2014)

Retroactive reimbursement may be provided to individual whose cases have been closed in either Rehabilitated or Discontinued status.

### Initiation of the Retroactive Reimbursement

(Change Date October 1, 2014)

1. If an individual contacts VR&E to request retroactive reimbursement after his/her case is closed, the responsible employee must begin the process by ensuring that the individual completes the required election form.
2. If an individual made a request for retroactive reimbursement that was documented in his/her CER folder prior to case closure, the responsible employee should contact the individual and inform him/her that the required election form must be completed to begin the process.

### Individual Relocates After Case Closure

(Change Date October 1, 2014)

1. If the individual is requesting retroactive reimbursement only and is not initially applying or is not requesting additional services under Chapter 31, the RO that held jurisdiction over the case at the time of closure will coordinate with the individual, review the request, and process retroactive reimbursement, if appropriate.
2. If the individual submits an original application or applies for additional services under Chapter 31, the RO with jurisdiction over the individual’s current residence will process the request for services, which includes redetermination of individual’s entitlement.

If retroactive reimbursement is determined applicable at that time, the RO will follow the procedures outlined in Section 2.06.e of this chapter. The VRC must coordinate closely with the previous RO of jurisdiction in identifying the appropriate points of contact at the training institution to gather documentation needed for processing the retroactive reimbursement.

### Requirements for Retroactive Reimbursement for Closed Cases

(Change Date October 1, 2014)

1. The VRC must ensure that the criteria outlined in Section 2.06 of this chapter are met for the period of training the individual requests retroactive coverage under Chapter 31, including that the training contributed to the achievement of the approved vocational goal, to authorize and process retroactive reimbursement.
2. The VREO’s concurrence is required prior to processing the reimbursement. VRC must follow the guidelines outlined in Section 2.06 of this chapter.

### Updating CWINRS

(Change Date October 1, 2014)

The VRC must ensure that the case is maintained in Rehabilitated or Discontinued status in CWINRS when processing the reimbursement.

If an individual is approved for retroactive reimbursement, the VRC must reactivate the case or retrieve the case from archive in CWINRS. This will allow the VRC to access the Finance tab and create Direct Reimbursement transactions.

The VRC must ensure that the case is not reopened or the IWRP is not redeveloped. In this instance, it is not required to include any authorized retroactive period of training in the IWRP, since the case is in closed status.

### Authorizing Ch33 Retroactive Reimbursement

(Change Date October 1, 2014)

The VRC must follow the applicable guidelines outlined in Section 2.06 of this chapter to authorize the retroactive reimbursement.

# Determining Program Participation Rates

(Change Date August 15, 2013)

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.

## Full-Time Participation

(Change Date August 15, 2013)

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

## Less than Full-Time Participation

(Change Date August 15, 2013)

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 the following:

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

## Less than Half-Time Participation

(Change Date August 15, 2013)

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.

## Participation for Working Individuals

(Change Date August 15, 2013)

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.

## Reduced Work Tolerance (RWT)

(Change Date July 2, 2014)

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.

### Factors to Consider with Reduced Work Tolerance

(Change Date July 2, 2014)

* RWT must be determined by a VA physician based on the impact of the individual’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.

### Referral for RWT Determination

(Change Date July 2, 2014)

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:

* Does the individual qualify for RWT?
* What is the maximum amount of time per week the individual may devote to a rehabilitation program?

### Documentation of RWT

(Change Date July 2, 2014)

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.

### Communicating the Determination of RWT

(Change Date July 2, 2014)

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 participate per week to be considered full time, as indicated by the individual’s physician. This amount of time includes the time the VRC and individual estimate it will take for travel to and from the training facility, as well as the time the individual will spend in preparation for, or practice of, training.
* 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.

# Case Management Appointments

(Change Date August 15, 2013)

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

## Definitions

(Change Date August 15, 2013)

### 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.

### Contacts

(Change Date August 15, 2013)

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

## Case Management Level

(Change Date August 15, 2013)

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 | 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.  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:   * 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 | 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.  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:   * 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 | 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.  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:   * 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. |

## Frequency of Case Management Appointments

(Change Date August 15, 2013)

The frequency of appointments is determined by the type of program as indicated in the chart below.

Note: 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 Appointment |
| --- | --- |
| Institution of Higher Learning or Non-College Degree Program | Level 1, 2 or 3 as required by the individual’s needs and circumstances  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. |
| On-the-Job Training (OJT), Apprenticeship,  Federal Paid and Unpaid OJT, Non-Paid Work Experience | Level 2 or 3 as required by the individual’s needs and circumstances  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. |
| Farm Cooperative | Level 2  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. |
| Homebound/  Independent Instructor | Level 2 or 3 as required by the individual’s needs and circumstances  The independent instructor must be present at one of every three case management meetings. |
| Employment | 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).  Services must be tailored to the individual’s needs and must be actively provided to assist the individual in obtaining and maintaining employment.  After obtaining employment:   * 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. |
| Special rehabilitation programs, including   * Special Rehabilitation Facilities * IL * Rehabilitation Workshop * Chapter 35 | 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.  Case management meetings should be conducted at individual’s home or a location most convenient in accordance with type of program.  Supplemental contacts between required visits may be by telephone if most convenient for the individual. |
| Other, including:   * Extended Evaluation * Chapter 18 * Independent Study | Level 2 or 3 as required by the individual’s needs and circumstances |

## TeleCounseling

(Change Date December 17, 2014)

TeleCounseling is integrated into the required case management activities for individuals participating in a specified plan of services. It serves as an alternative or complement to the currently required face-to-face case management appointments that provide the means for individuals to communicate progress, concerns, and rehabilitation needs, and consequently to obtain assistance and guidance from their assigned case manager.

The use of TeleCounseling is voluntary and may not be required as part of the individual’s rehabilitation program. In addition, case managers’ use of Telecounseling is at the discretion of the VREO. All staff approved to use Telecounseling must complete the Telecounseling training requirements.

### Prerequisites for Using TeleCounseling

(Change Date December 17, 2014)

When establishing an individual’s level of case management during the planning phase, the VRC must determine whether the individual meets the TeleCounseling participation requisites. All requisites must be met prior to approval for participation in TeleCounseling.

* The individual must be actively participating in a plan of services under an IWRP, IEAP, and IILP. For IILP cases, TeleCounseling sessions may not take the place of required face-to-face home visits in which the plan objective requires assessing independent living in the home and/or access to the home.
* TeleCounseling may not be provided for individuals participating in an IEEP and individuals whose cases are assigned in Interrupted status.
* The individual must have the ability to utilize and operate the secured video-teleconferencing (VTC) equipment.

Note: Individuals who are determined ineligible to participate in TeleCounseling during the evaluation phase may be reassessed for participation during ongoing case-management appointments.

### Required Technology and Equipment

(Change Date December 17, 2014)

TeleCounseling uses the Video-Teleconferencing (VTC) Technology. Internet access is required to use the VTC Technology.

The following equipment is required for an individual to participate in TeleCounseling:

* Computer
* Webcam
* Internet access
* Email address
* Valid phone number

Refer to M28R.IV.A.4.07.e, for guidelines on provision of Video-Teleconferencing (VTC) equipment to individuals.

### Inclusion in the Rehabilitation Plan

(Change Date February 14, 2017)

Effective February 14, 2017, it is no longer required to note the approved use of TeleCounseling as one of the vocational objectives in the rehabilitation plan.

# Service Types, Service Detail Types and Progress Status

(Change Date August 6, 2014)

VR&E staff must add service types and service detail types to every rehabilitation plan objective in order to capture comprehensive information on the types of services that VR&E participants receive. In addition, it is necessary for VR&E staff to update the progress toward completion of each objective during the course of case management. This information will be required when any of the following actions occur:

* A new rehabilitation plan is developed.
* A new objective is added to an existing rehabilitation plan.
* The rehabilitation plan is amended.
* Case status is changed, to include when a case is moved to Rehabilitated (REH) or Discontinued (DIS) status.

See Appendix F, Instructions for Adding and Updating Service Types, Service Details, and Progress Status, for detailed procedural guidance.

## Service Types

(Change Date August 6, 2014)

There are several different service type indicators, to include the following:

* Education and Training
* Independent Living
* Counseling/Case Management
* Medical Management
* Employment Services
* Self-Employment (separated into Category I and Category II)

## Service Detail Types

(Change Date August 6, 2014)

Each service type has several associated service detail types:

|  |  |
| --- | --- |
| Service Type | Detail Type |
| Education and Training | High School Diploma/GED  Vocational/Technical Degree  Technical/Professional Certification  College Credits – non degree  Associates Degree  Baccalaureate Degree  Post-degree Certification  Graduate Degree  Post-Graduate/Doctoral Degree  Farm Cooperative Training  Training in Home/Special Rehab Facility  On-the-job Training/Apprenticeship  Nonpaid Work Experience (NPWE)  Internship/Work-study/Volunteer work  Compensated Work Therapy (CWT)  Other Job-related Training |
| Independent Living | Referral to community resources  Assistive Technology  Short Term Training  Home Modifications  Coordination with/referral to VHA |

|  |  |
| --- | --- |
| Service Type | Detail Type |
| Counseling/Case Management | Personal Adjustment Counseling  Referral to Community Supports  Career Counseling  Referral for Financial Counseling  Reader Service  Other Rehab Services |
| Medical Management | Health Stability and Maintenance  Specialty Medical/Mental Health Referral  Feasibility Analysis |
| Employment Services | Job Accommodation  Employment Exploration/Labor Market Research  Interview Coaching  Resume Development  State Agency Referral  Direct Job Development  Job Readiness Evaluation  Re-Employment Service  Post-Employment Services |
| Self-Employment:  Category I | Comprehensive Training  Essential Equipment  Minimal Inventory/Expendable Supplies  Incidental Services |
| Self-Employment:  Category II | Comprehensive Training  Incidental Training in Business Management  Required Fees and Licenses  Required Personal Tools/Supplies |

## Progress Status

(Change Date August 6, 2014)

There are four “Progress Statuses” to choose from:

* In Progress
* Achieved
* Suspended
* Closed/Uncompleted

It is important to note that the date must be input in MM/DD/YYYY format, i.e. 02/01/2015.