

September 29, 2004

**VOCATIONAL REHABILITATION: CHAPTER 31 BENEFITS
TIMELY ACCESS TO VHA HEALTH CARE SERVICES**

1. PURPOSE: This Veterans Health Administration (VHA) Directive outlines policy for provision of timely access to any VHA health care services for participants in the VA Vocational Rehabilitation Program authorized by Title 38, United States Code (U.S.C.), Chapter 31.

NOTE: Care for these veterans is authorized by 38 U.S.C. Section 3104(a)(9).

2. BACKGROUND:

a. Vocational Rehabilitation began as a government service to war-injured veterans and disabled citizens during the World War I era. In 1917, the War Risk Insurance Act of 1914 was amended to provide rehabilitation and vocational training for veterans with dismemberment injuries, injuries to their sight or hearing, and other injuries resulting in permanent disability. As noted by the 2004 Vocational Rehabilitation and Employment (VR&E) Task Force Report to the Secretary, "Annually, the VR&E field staff submits about 15,000 requests to VHA facilities for Chapter 31 recipients who need a variety of clinical and support services. The number of Form 8861 [VA Form 28-8861, Request for Medical Services-Chapter 31] requests to VHA for Chapter 31 veterans is only a small fraction of the total annual number of annual services provided by VHA. However, these Chapter 31 veterans are typically in a plan of rehabilitation or ready to move into employment. The timely delivery of these services is therefore critical to preclude the interruption of rehabilitation."

b. Every effort needs to be made to provide clinically appropriate care to veterans participating in a Chapter 31 Vocational Rehabilitation Program including referral and payment of non-VA care, if required. Determinations as to whether requested treatment or care is necessary to enter, prevent interruption, or hasten the return to a course of training will be based upon a clinical decision by a VA health care provider. *NOTE: Veterans participating in a 38 U.S.C. Chapter 31 Program are not exempt from medication co-payments or third party billing for care relating to non-service connected conditions. Billing action needs to be taken where appropriate.*

3. POLICY: It is VHA policy to provide timely access to VHA health care services for veterans participating in a 38 U.S.C. Chapter 31 Vocational Rehabilitation Program.

4. ACTION: Medical Center Directors are responsible for ensuring that:

a. Facility procedures are established to manage timely access to care for veterans participating in a VA Vocational Rehabilitation program; these must include:

(1) Verification of participation in an approved Vocational Rehabilitation program, and request for treatment via VA Form 28-8861, from Veterans Benefits Administration (VBA).

THIS VHA DIRECTIVE EXPIRES SEPTEMBER 30, 2009

VHA DIRECTIVE 2004-055

September 29, 2004

(2) That upon confirmation of participation in a Vocational Rehabilitation Program, a clinical review must occur to determine:

(a) If the care is medically required.

(b) If required, the care or treatment is needed to maintain the veteran's participation in their Vocational Rehabilitation Program.

(c) If subparagraphs 4a(2)(a) and 4a(2)(b) are met, how the timeliness of the needed care may affect the veterans training schedule. Every effort must be made to ensure appropriate care is provided so training is not disrupted or delayed. This can include care at another VA health care facility or authorized non-VA health care.

(3) Instructions to notify the requesting VBA office in any situation where timeliness of care could be an issue and to determine the appropriate course of action. Notification can be done either by completing appropriate items on VA Form 28-8861 and returning form to requesting VBA office, or by contacting that office directly.

b. Administrative and clinical staff are made aware of the 38 U.S.C. Chapter 31 Program and timeliness of care guidelines.

c. Administrative and clinical staff are trained in the local procedures to ensure compliance with the requirements of this Directive.

d. Communication is established with appropriate VBA officials at local Regional Offices.
NOTE: This ensures the needs of the veteran are met and provides points of contact for questions or issues.

5. REFERENCES:

a. Title 38 U.S.C. §§ 3104 (a) (9), and 3115(b)(2).

b. Title 38 CFR §§ 17.47(i), 17.52(a)(1)(v), and 21.240-21.242.

c. VR&E Task Force Report to the Secretary of Veterans Affairs, 2004.

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Officer (16) is responsible for the contents of this Directive. Questions should be referred to (202) 254-0406.

7. RESCISSIONS: None.: This VHA Directive expires September 30, 2009.

Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

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