

May 14, 2010

**VOCATIONAL REHABILITATION: CHAPTER 31 BENEFITS  
TIMELY ACCESS TO 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 Department of Veterans Affairs (VA) Vocational Rehabilitation Program authorized by title 38, United States Code (U.S.C.), Chapter 31. **NOTE:** *Care for these Veterans is authorized by title 38 U.S.C. § 3104(a)(9).*

**2. BACKGROUND:** 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 requests for medical services for Chapter 31 Veterans is only a small fraction of the total annual number of annual services provided by VHA. However, these Veterans are typically in a rehabilitation program or ready to enter the workforce. The timely delivery of these services is therefore critical to preclude the interruption of rehabilitation."

**3. POLICY:** It is VHA policy to provide timely access to VHA health care services for Veterans participating in a Vocational Rehabilitation Program under title 38 U.S.C., Chapter 31. The health care services authorized by title 38 U.S.C., Chapter 31 are limited to those provided in title 38 U.S.C, Chapter 17.

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

a. VA staff strive 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.

b. Participation in a rehabilitation program under 38 U.S.C, Chapter 31 is provided to eligible Veterans in accordance with 38 C.F.R.§ 17.47(i)(2). **NOTE:** *Veterans participating in a rehabilitation program under title 38 U.S.C., Chapter 31 are not exempt from medication co-payments, 1<sup>st</sup> party co-payments, or third party billing for care relating to non-service connected conditions. Billing action needs to be taken where appropriate.*

**THIS VHA DIRECTIVE EXPIRES MAY 31, 2015**

## **VHA DIRECTIVE 2010-022**

**May 14, 2010**

c. 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 using VA Form 28-8861, "Request for Medical Services, Chapter 31" from the Veterans Benefits Administration (VBA).

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

(a) If the care or treatment is medically required; and

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

(c) If subparagraphs 4c(2)(a) and 4c(2)(b) are met, the timeliness of the appropriate care to the Veterans training schedule needs to be based upon a clinical decision by a VA health care provider. To that end, care may be provided at another VA health care facility or use of contract or fee basis care, subject to authorization. (See 38 C.F.R. § 17.52(a)(1)(v)).

(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 the form to requesting VBA office, or by contacting that office directly.

d. Administrative and clinical staff is made aware of the 38 U.S.C., Chapter 31 Program and timeliness of care guidelines.

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

f. 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 §§ 17.38(e), 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) 254-1598.

**7. RESCISSIONS:** VHA Directive 2004-055, dated September 29, 2004, is rescinded. This VHA Directive expires May 31, 2015.

Robert A. Petzel, M.D.  
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