Manual M-2, Clinical Affairs/Programs. Part I, General

Chapter 14, Incentive Therapy Program (Paragraphs 14.01 and 14.02)

This document includes:

Memorandum, dated **July 23, 1985**Contents page for M-2, dated **June 1989**Title page and title page verso for M-2, Part I, dated **February 9, 1990**Contents page and Rescissions pages for M-2, Part I, dated **April 7, 1995**Contents page for Chapter 14, dated **February 9, 1990**Text for Chapter 14, dated **March 25, 1963** (Change 17)

Transmittal sheet located at the end of the document:

Change 17, dated **March 25, 1963**

(Annotated to reflect changes through August 13, 1975)

Interim Issues relating to Chapter 14 located at the end of the document:

Interim Issue 10-75-39, dated **August 13, 1975** Interim Issue 10-75-2, dated **January 21, 1975**



Memorandum

Date:

From: Actg. ACMD for Clinical Affairs (11)

Subj: Redesignation of Manual M-2

To: Director, Regulations and Publications (10AlB)

VA Department of Medicine and Surgery Manual M-2, "Professional Services," has been redesignated as VA Department of Medicine and Surgery Manual M-2, "Clinical Affairs."

HOWARD D. COHN, M.D.

APPROVED DISAPPROVED:

JOHN W. DITZLER, M.D. Chief Medical Director

7-23-85

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Regulations and rublications Management Staff (10A1B)

M-2 MANUALS

M-2

Part I General

Part II Chaplain Service

Part III Dietetic Service

Part IV Medical Service

Part IV Nuclear Medicine Service

Part V Nursing Service

Part VI Pathology & Allied Sciences Service

Part VI Drug Dependency Treatment Program

Part VII Pharmacy Service

Part VIII Physical Medicine & Rehabilitation Service

Part IX Prosthetic & Sensory Aids Service

Part X Psychiatry, Neurology & Psychology Service

Part XI Radiology Service

Part XII Social Work Service

Part XIII Medical & General Reference Library Staff - Rees (au M-8, P+III 8/14/87)

Part XIV Surgical Service

Part XV Resc. by M-2, Part IV, Chg. 6(11-62) Pulmonary Disease (TB) Service

Part XVI Resc. by M=2, Part X (4-65)Vocational Counseling Service

Part XVII Voluntary, Service - M-1, P4 I, Ch 3

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Part XVIII Audiology & Speech Pathology (II 10-66-20, 6-8-66)

Part XIX Extended Care Service (Domiciliary)

Blind Pekabilitation Service

XXIV Spiral Cond Drywry

DEPARTMENT OF **VETERANS AFFAIRS**

CLINICAL AFFAIRS GENERAL

M-2, Part I February 9, 1990 Veterans Health Services and **Research Administration** Washington, DC

Department of Veterans Affairs Veterans Health Services and Research Administration Washington, DC

February 9, 1990

Department of Veterans Affairs, Veteran Health Services and Research Administration Manual M-2, "Clinical Affairs," Part I, "General," is published for the compliance of all concerned.

John A. GRONVALL, M.D.
Chief Medical Director

Distribution: RPC: 1024

FD

Printing Date: 2/90

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- CHIEF OF STAFF RESPONSIBILITIES
- 2. NARCOTICS AND ALCOHOLICS CONTROL
- PHARMACY AND THERAPEUTICS COMMITTEE
- MEDICAL OFFICER OF THE DAY
- AMERICAN COLLEGE OF PHYSICIANS--PROPOSALS FOR MEMBERSHIP
- SPECIALLY ADAPTED HOUSING
- **OUTPATIENT DIAGNOSIS AND TREATMENT**
- SPECIAL DIAGNOSTIC STUDIES AND EXAMINATIONS FOR ADJUDICATIVE PURPOSES
- SPECIALIZED TREATMENT
- 10. (Deleted by change 59.)
- 11. DISTINGUISHED PHYSICIAN PROGRAM
- 12. BLOOD TRANSFUSION SERVICES-GENERAL ADMINISTRATION
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36. Medical ander Hitetion Committee 37. Patient Representation Program

RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manuals

Par. 112f, M10-3.

Pars. 129f and 169, M10-6.

M-2, Part I, changes 2 through 5 through 9, 11, 12, 13, 14, 16, 18 through 21, 25, 30, 32 through 40, 41, 44, 45, 49, 50, 51, 52, 55, 57, 60.

VHA Supplement MP-1, Part I, Chapter 2, Section A and Appendices D and E, change 43, dated October 27, 1987 (Effective October 1, 1992).

VHA Supplement MP-1, Part I, Chapter 2, Section A, change 44, dated July 26, 1991 (Effective October 1, 1992).

M-2, Part I, Chapter 35, dated August 7, 1992 and Supplements 1 and 2.

b. Interim Issues

II 10-156

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II 10-292, pars. I, II, III, App. A

II 10-300

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II 10-68-31

II 10-71-33

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c. Circulars/Directives

261, 1946, Sec.1

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d. Regulations and Procedure

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e. Technical Bulletins

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TB 10A-295 (except sec. XXI)
TB 10A-359
TB 10A-324 (This completes the rescission of TB 10A-324.)

f. AB Station Letters and Other Communications

<u>Date</u>	Subject
December 5, 1949	Officer of the Day Reports
March 3, 1952	Furnishing of Meals to Officers of the Day
April 8 1952	Domiciliary Care for Paraplegics
April 16 1952	Transfer of Quadriplegic Patients
April 17, 1952	Accomplishment of Recheck Examinations and Treatment of current
	Conditions Involving Paraplegics at VA Hospitals Other Than Paraplegia Centers.
June 23, 1952	Monthly Report of Service-Connected Blinded Veterans and Blinded Military Personnel
August 18, 1952	Proposals for Membership, American College of Physicians
September 19, 1952	Establishment of Paraplegia Organizational Segment
January 4, 1954	Certificate of Medical Feasibility, VA Form 4555b

g. Instructions (pertaining to Public Law 702, 80th Congress, as amended)

Pars. 2d and 2e, Inst. 1-B Inst. 1C Inst. 1-D

2. LIMITED RESCISSIONS

The following material is rescinded insofar as it pertains to this manual.

a. Manuals

M10-3, par. 115h

a. Manuals - Continued

M10-6, pars. 9b, 42e, 70c, 86, and 132h M10-11, pars. 22b, 92e, 96d, 133b, and 172

b. Circulars

10-65-57, pars.2 and 3

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14.01	Policy		14-1
14.02	Rates of Renumeration		14-2

M-2, Part I Change 17

CHAPTER 14. INCENTIVE THERAPY PROGRAM

14.01 POLICY

- a. To further the rehabilitation of patients and members, hospitals and domiciliaries may develop and effect the rapeutic programs incorporating an incentive approach.
- Such therapeutic programs shall have as their objectives:

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 (1) The establishment of self-reliance in the patient for member.
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- c. Incentives in such therapeutic programs may involve such proven (rehabilitation factors as achievement of status, increased responsibility, recognition of patient or member endeavor, and nominal remuneration.
- d. The selection of patients for members for participation in such therapeutic Contratint programs shall be based on:
 - The medical needs of the patient or member, including the contributing The rehabilitation potential of the patient or member. ly 22 10.75-39

 - Where monetary incentives are utilized, the rehabilitation plan will be specific as to objectives and time. The time limit shall not extend beyond I year's duration, other than in exceptional cases which must be approved by the Hospital, Domiciliary or Center-Director. (See Cu. 10-64-90)
 - Under no circumstances is assignment to remunerative rehabilitation programs to be construed as conferring any type of employee status on patients or members.
 - The utilization of monetary incentives in such therapeutic programs shall meet both of the following requirements:
 - Assignment to activities shall be prescribed in direct accordance with the treatment and rehabilitation goals of the patient or member.
 - Reimbursed rehabilitation assignments shall not be used just to keep patients "busy."
 - Assignment to incentive therapy programs shall be developed as follows:
 - In neuropsychiatric hospitals, recommendations for assignment to incentive therapy programs will originate with the psychiatric team at the ward level, and will be based on comprehensive assessment and evaluation of the potential of the patient to benefit from such rehabilitative programs. Final approval of the assignment of recommended patients shall be the responsibility of the Chief of Staff, or such board or individual as he may designate.
 - (2) In domiciliaries and domiciliary sections of centers and restoration centers, the recommendation and assignment of members to incentive therapy programs shall be the responsibility of the Chief of Staff or his counterpart or such individual as he may designate.
 - In GM&S hospitals, the recommendation and assignment of patients to incentive therapy programs shall be the responsibility of the Medical Rehabilitation Board.
- added by Jo-15-2 Responsibility for operation of the Incentive Therapy Program is delegated to the Chief, Rehabilitation Medicine Service, in hospitals 14-1 and under the Chief of Domiciliary Operations in domiciliaries.

M-2, Part I Change 17

March 25, 1963

14.02 RATES OF REMUNERATION

- a. In order to emphasize motivation and recognize the progression of individual patients or members toward their rehabilitation, monetary incentives will be related to this objective.
- b. The maximum remuneration for patients or members assigned to incentive therapy programs shall not exceed 60 cents per hour the actual rate to be set in such a way as to recognize individual progress toward total rehabilitation. Rates below 60 cents ap hour may be set at 5- or 10-cent increments.
- b. The maximum renumeration for patients or members assigned to incentive therapy programs shall not exceed 50% of the current minimum wage. The actual rate to be established will be set in relation to the individual's present functional level. Rates below the minimum wage will be set in accordance with community rehabilitation facility standards.

Department of Medicine and Surgery Veterans Administration Washington 25, D.C.

March 25, 1963

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to announce policy concerning Officer of the Day and incentive therapy.

CAA37 Page iii, paragraph 1

Under subparagraph c: Add 'c.l DM&S Circulars Cir. 10-62-70''.

Subparagraph f: Add "II 10-270".

Chy 372 Page vi

Delete "10.02 Instructions for . . . and Other Fee Personnel - - - 10-1".

Under "Figure" delete "2 VA Form 10-7339 . . . Personnel - - - 10-5".

Under paragraph 13.02, add:

"CHAPTER 14. INCENTIVE THERAPY PROGRAM

14.01 Policy - - - - - - - - - - 14-1

14.02 Rates of Remuneration - - - - - 14-2".

Pages 4-1 and 4-2: Remove these pages and substitute page 4-1 attached. (Ch. 4 revised.)

- Pages 10-1 through 10-5, paragraph 10.02 and figure 2: Delete in their entirety.
- Pages 14-1 and 14-2: Insert these pages attached. (Ch. 14 added.)

H. Martin Engle, M. D.
Acting Chief Medical Director

Distribution:

Same as M-2, part I.

VACO WASH DC

8/13/75

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MYRLA SMITH, O.T.R.

DIRECTORS OF HOSPITALS, DOMICILIARY, OUTPATIENT CLINICS, RECIONAL OFFICES WITH OUTPATIENT CLINICS, AND MEDICAL DISTRICT #29, VARO, SAN FRAN

00/THIS IS INTERIM ISSUE 10-75-39

- BASIC ADMINISTRATIVE ISSUE AFFECTED: M-2, PART I, PARAGRAPH 14.01 Å.
- OTHER ISSUES AFFECTED: NONE
- REASON FOR ISSUE: TO GIVE FURTHER INSTRUCTIONS REGARDING CHANGES IN INCEPTIVE THERAPY THAT HAVE RESULTED FROM DEPARTMENT OF MEDICINE AND C. SURGERY'S POLICY RELATIVE TO PATIENT-WORKERS AS COVERED IN INTERIM ISSUES 10-75-2 AND 10-75-3, AND DM&S CIRCULAR 10-75-98. CLARIFICA-TION IS NOW MADE CONCERNING INCLUSION OF OUTPATIENTS IN INCENTIVE THERAPY.
 - TEXT OF ISSUES: M-2, PART I, IS CHANGED AS FOLLOWS: PAGE 14-1, PARAGRAPH 14.01
 - SUBPARAGRAPH (A), LINE 1: AFTER "PATIENTS" INSERT ", OUTPATIENTS".
 - SUBPARAGRAPH (B), (1): AFTER "PATIENT" INSERT ", OUTPATIENT".
 - SUEPARAGRAPH (B), (2): AFTER "PATIENT" INSERT ", OUTPATIENT".

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- 4. SUBPARAGRAPH (C), LINE 2: AFTER "PATIENT" INSERT ", OUTPATIENT".
- 5. SUBPARAGRAPH (D), LINE 1: AFTER "PATIENTS" INSERT ", OUTPATIENTS",
- 6. SUBPARAGRAPH (D) (1): AFTER "PATIENT" INSERT ", OUTPATIENT".
- 7. SUBPARAGRAPH (D) (2): AFTER "PATIENT" INSERT ", OUTPATIENT".
- 8. SUBPARAGRAPH (E), LINES 2,3,4: DELETE "THE TIME LIMIT ... CENTER DIRECTOR." INSERT: "THE TIME LIMIT SHALL NOT EXTEND BEYOND 1 YEAR'S DURATION EXCEPT WITH THE APPROVAL OF THE HOSPITAL, DOMICILIARY, CENTER, OR OUTPATIENT DIRECTOR IN INSTANCES IN WHICH DISCONTINUARY, CENTER, OR OUTPATIENT DIRECTOR IN INSTANCES IN WHICH DISCONTINUARY, CENTER, OR OUTPATIENT IN INCENTIVE THERAPY WOULD BE THERAPPULICALLY CONTRA-INDICATED.
 - "(1) THERE SHOULD BE A REVIEW EVERY THREE MONTHS BY THE WARD
 TEAM, MEDICAL REHABILITATION BOARD, THERAPEUTIC PLANNING BOARD,
 OR WHATEVER DESIGNATED GROUP HAS MADE THE PERSON'S TREATMENT PLAN,
 TO ASSESS THE INDIVIDUAL'S STATUS.
 - "(2) DOCUMENTATION OF THE REVIEW PROCESS SHOULD APPEAR IN THE MEDICAL RECORD."
 - 9. SUBPARAGRAPH (F), LINE 2: AFTER "CATTENTS" INSERT ", OUTPARTITUTE".
- 10. SUBPARAGRAPH (G); (1), LINE 2: AFTER "PATTENT" INSERT

". OUTPATIENT"

- NATE." INSERT: "IN NEUROPSYCHIATRIC HOSPITALS, RECOMMENDATIONS
 FOR ASSIGNMENT TO INCENTIVE THERAPY PROGRAMS WILL ORIGINATE WITH
 THE PSYCHIATRIC TEAM AT THE WARD LEVEL AND WILL BE APPROVED BY THE
 CHIEF, REHABILITATION MEDICINE SERVICE—OR WHOEVER IS DESIGNATE)
 BY THE CHIEF OF STAFF. THE ASSIGNMENT WILL BE BASED ON COMPREHENSIVE ASSESSMENT AND EVALUATION OF THE POTENTIAL OF THE
 PATIENT OR OUTPATIENT TO BENEFIT FROM SUCH REHABILITATION
 PROGRAMS."
- 12. SUBPARAGRAPH (H) (3) LINE 1: AFTER "PATIENTS" INSERT "OR OUT-
- 13. SUBPARAGRAPH (H), ADD NEW SUBPARAGRAPH AS FOLLOWS:

 "(4) IN OUTPATIENT PROGRAMS, THE RECOMMENDATION AND ASSIGNMENT
 OF OUTPATIENTS TO INCENTIVE THERAPY PROGRAMS SHALL BE THROUGH:
 - "(A) THE CHIEF, REHABILITATION MEDICINE SERVICE, UPON
 RECOMMENDATION OF THE THERAPEUTIC PLANNING TEAM ASSOCIATED
 WITH THE PATIENT, OR
 - "(B) THE MEDICAL REHABILITATION BOARD, OR

- "(C) ANOTHER THERAPEUTIC PLANNING GROUP DESIGNATED BY THE CHIEF OF STAFF."
- E. THIS INTERIM ISSUE WILL NOT BE CONFIRMED BY A PRINTED ISSUE.112G/10

JOHN D. CHASE, M.D.

CHIEF MEDICAL DIRECTOR

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D. TEXT OF ISSUE 7: M-2, PART I, IS	CHANGED AS FOLLOWS:	
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