

February 13, 2003

DRIVER REHABILITATION PROGRAM REPORT (RCS 10-0099)

- 1. PURPOSE:** This Veterans Health Administration (VHA) Directive solicits data on Driver Rehabilitation Program activities at VA medical centers.
- 2. BACKGROUND:** The data collected will be used at all levels in the planning and administration of the Department of Veterans Affairs (VA) Driver Rehabilitation Program for all eligible veterans.
- 3. POLICY:** It is VHA policy that all VA medical centers with centrally designated Driver Rehabilitation Programs for the Disabled Veteran must complete VA Form 10-4790, Driver Training Program Report. The report must be accomplished on an annual basis and cover the period from October 1st to September 30th. Report Control Symbol (RCS) 10-0099 is assigned to the report. **NOTE 1:** *The medical centers are listed in Attachment A.*
NOTE 2: *VA Form 10-4790 is only available on the Internet at the Forms and Publication Website, <http://vaww.va.gov/publ/direc/health/>.*

4. ACTION

- a. Each medical center, which has a Driver Rehabilitation Program, must submit a report, VAF 10-4790, via mail or fax to reach VHA Central Office not later than October 31st following the end of the reporting period. The fax number is 901-577-7513. The report is to be addressed to the Director, Physical Medicine and Rehabilitation (11/117C), Department of Veterans Affairs, VA Medical Center, Room CWG-20, 1030 Jefferson Ave., Memphis, TN, 38104, through the appropriate Veterans Integrated Service Network (VISN) Director.
- b. All written or numerical information included in this report is to be completed in either legible print or type. Final numbers representing hours of service is to be rounded to the nearest whole number.
- c. Instructions for completion of VA Form 10-4790, Driver Training Program Report, are incorporated in Attachment B. A copy of the revised VA Form 10-4790 is included as Attachment C for local reproduction. Do not use earlier editions of this form. **NOTE 3:** *For further clarification, contact the Physical Medicine and Rehabilitation Program Office, VA Medical Center, Room CWG-20, 1030 Jefferson Ave., Memphis, TN, 38104, at 901-577-7501, or the Rehabilitation Strategic Healthcare Group, VHA Central Office at (202) 273-8486.*

THIS VHA DIRECTIVE EXPIRES FEBRUARY 28, 2008

VHA DIRECTIVE 2003-010
February 13, 2003

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Director, Physical Medicine and Rehabilitation Program Office (117C), is responsible for the contents of this directive.

7. RESCISSION: None. This directive will expire February 28, 2008.

Robert H. Roswell, M.D.
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 2/14/03
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ATTACHMENT A

**DEPARTMENT OF VETERANS AFFAIRS
DRIVER REHABILITATION CENTERS**

1. Albany, NY
2. Albuquerque, NM
3. Ann Arbor, MI
4. Atlanta, GA (Decatur, GA)
5. Augusta, GA
6. Biloxi, MS
7. Boston, MA
8. Bronx, NY
9. Castle Point, NY
10. Cleveland, OH
11. Columbia, SC
12. Dallas, TX
13. Denver, CO
14. East Orange, NJ
15. Baltimore, MD
16. Hampton, VA
17. Hines, IL
18. Houston, TX
19. Indianapolis, IN
20. Knoxville, IA
21. Long Beach, CA
22. Memphis, TN
23. Miami, FL
24. Milwaukee, WI
25. Minneapolis, MN
26. Palo Alto, CA
27. Phoenix, AZ
28. Pittsburgh(U.D.)PA
29. Portland, OR
30. Richmond, VA
31. Salisbury, NC
32. Salt Lake City, UT
33. San Antonio, TX
34. San Juan, PR
35. Seattle, WA
36. Sepulveda, CA
37. St. Louis, MO
38. Tampa, FL
39. Topeka, KS
40. West Palm Beach, FL

ATTACHMENT B

INSTRUCTIONS FOR COMPLETION OF REPORT - RCS-10-0099

1. **Preparing Offices**. VA Form 10-4790, Driver Training Program Report, must be prepared and submitted by all Department of Veterans Affairs (VA) medical centers designated as Driver Rehabilitation Centers.

2. **Instructions for Preparation of Report**

a. **Blank Spaces**. All blank spaces in the heading must be completed each reporting period. The "For Fiscal Year" line must cover the period October 1st through September 30th. Since assignments of personnel providing driver rehabilitation services change periodically, it is necessary to include such information on the "Driver Rehabilitation Specialist" line. If more than one driver rehabilitation specialist is designated as "primary instructor," include both names on this line.

b. **Diagnosis and/or Disability**. It is important that all recorded information on a patient be directed to the diagnosis or disability which best explains why the patient is receiving driver rehabilitation. In other words, a patient may be diagnosed as "Diabetes Mellitus," but a resulting amputation of a lower extremity is the reason for needing the driver rehabilitation instruction. Therefore, this patient would be included in the category "Amputee." The physician's or driver rehabilitation specialist's judgment will determine whether the schizophrenic patient with an amputated leg shall be placed in "Psychiatric" category or "Amputee" category. Patients with multiple disabilities, e.g., stroke, plus left lower extremity amputation, needs to be listed as "Other," and a brief explanation noted in "Comments." A decision must be made locally as to the one category used for reporting purposes. The diagnosis or disability categories include the following:

- (1) Spinal Cord Injury which includes paraplegic and/or quadraplegic disabilities.
- (2) Hemiplegia which includes right or left cerebral vascular accident (CVA), Traumatic Brain Injury (TBI), brain stem injury, etc.
- (3) Other Neurological which includes multiple sclerosis, muscular dystrophy, Parkinson's Disease, etc.
- (4) Amputee which includes above or below elbow; above or below knee; bilateral; etc.
- (5) Orthopedic which includes most orthopedic-related conditions, total joint replacement, fused joints, etc.
- (6) Mature Driver which includes geriatric, nursing home, able-bodied individuals who are over 55 years of age, etc.

VHA DIRECTIVE 2003-010
February 13, 2003

(7) Psychiatric which includes veterans with psychological problems, post-traumatic stress disorder, etc.

(8) Other which covers any condition that does not fit the preceding disability or diagnostic patterns.

c. **Patients Carried Over From Last Report (Line 1).** This item should include, by diagnosis, only the number of patients who were listed on your previous annual report in the category of: "Training Still in Progress," (Line 8).

d. **Patient Status (Line 2).** New consultations are those patients entering the program within the particular reporting period. Be sure to mark all appropriate blocks, when applicable; e.g., "outpatient," "service-connected," on each new consultation. The line items (including inpatient and outpatient status and service-connection) refer only to the "new consultations." Such information on patients carried over from the previous reporting period should not be included.

e. **Number of Driver Rehab Visits (Line 3).** The term "visits" refers to the physical presence of a patient in the driver rehabilitation program in one day. The patient may receive more than one phase of training (e.g., classroom education, simulator training, etc.) one or more times in a day, or the patient attends a morning session and then returns in the afternoon or evening, only one visit will be counted that particular day.

f. **Total Driver Rehab Hours (Line 4).** The total driver rehabilitation process is divided into phases. It is important, for administrative purposes, to be able to differentiate among the various phases. Record, rounding off to hours, the amount of driver rehabilitation specialist's time provided in the following categories:

(1) Assessment for Driver Rehab (Line 4a). This category includes patient interviews, charting history, visual testing, muscle testing, reaction times, neuro-sensory testing, etc.

(2) Patient, Family and Staff Education (Line 4b). This includes classroom education, rules of the road, activities of daily living, simulator experience, defensive driving, in-service training, and information given to patient, staff and/or family concerning driver rehabilitation and vehicle maintenance, etc.

(3) Behind-the-Wheel Training (Line 4c). Include on the road (or training course) experience in either automobile or van.

(4) DMV Licensing (Line 4d). Includes the time necessary for the patient to take the written and road examination, vision and hearing tests, etc. (or if the driver rehabilitation specialist has to visit the local Department of Motor Vehicles for any reason).

(5) Evaluation of Patient or Equipment (Line 4e). Includes the time taken to evaluate the patient using certain equipment or the evaluation of their personal driving equipment or vehicles, as well as pre- and post-adaptive vehicle clinics.

(6) Administrative Hours (Line 4f). The hours spent that are not directly involved in patient care or family/staff education concerning driver rehabilitation or vehicle modification. These hours should not ordinarily be more than 20 to 25 percent of the hours administering the Driver Rehabilitation Program.

g. **Number Not Completing Program (Line 5)**. For whatever reason, the patient did not complete the Driver Rehabilitation Program.

h. **Number Receiving State License and/or Certificate of Training (Line 6)**. All patients successfully completing the Driver Rehabilitation Program should receive, or be eligible to receive, a VA Certificate of Training. "Successful completion" does not necessarily mean the patient had to receive a state driver's license after completing the course. Oftentimes, the patient already has a valid license to drive in a particular state prior to taking the course. If the patient decides to be examined by the State Department of Motor Vehicles and receives a license, this information is to be recorded in this same block.

i. **Number of Patients Discharged (Line 7)**. Include all the patients that were discharged from the program whether or not they received driver training or just equipment evaluations or personal driving assessments.

j. **Training Still in Progress (Line 8)**. Patients who are still in the training process at the end of the reporting period will, of course, be carried over to the next reporting period.

NOTE: This data will then be entered into the line item "Patients Carried Over..." in Block #1 in the next fiscal year report.

k. **Line 9**. Indicate to the nearest whole hour the average amount of time the driver rehabilitation specialist(s) devoted to the Driver Rehabilitation Program during the week. This time allotment includes actual patient instruction, program planning and promotion, vehicle and equipment maintenance duties, and administrative duties appropriate to the program.

l. **Totals**. Tally all figures in each line as accurately as possible, using calculators or whatever means to assure accuracy.

m. **Comments**. Constructive criticism, program needs, ideas for improvement, or other pertinent information which would help improve the program or reporting system can be included in this block.

ATTACHMENT C

SAMPLE OF DRIVER REHABILITATION PROGRAM REPORT

Attachment C is available electronically at:

<http://vaww.va.gov/forms/medical/FormImageFiles/10-4790.pdf>.