

## VHA VOCATIONAL REHABILITATION SERVICE

**1. SUMMARY OF CONTENT:** This directive provides policy for the Veterans Health Administration's (VHA's) Vocational Rehabilitation (Voc Rehab) Service to ensure that vocational rehabilitation needs for Veterans are addressed at Department of Veterans Affairs (VA) medical facilities. This policy was previously located in VHA Directive 1163, Psychosocial Rehabilitation and Recovery Services, dated August 14, 2025, and has been updated to include the following major changes:

- a. Replaces the use of "Vocational Rehabilitation Counselor" with "Rehabilitation Counselor" to reflect the updated title following this occupation's conversion to Hybrid Title 38 in 2020.
- b. Replaces references to Intra-Agency Agreements with G-Invoicing.
- c. Removes references to pre-vocational services (i.e., Incentive Therapy, Sheltered Workshops, Therapeutic Printing Plants, and Horticulture Therapy), which have been discontinued.
- d. Removes references to non-profit Compensated Work Therapy (CWT) programs, as there are none remaining in existence.
- e. Clarifies VA medical facility Individual Placement and Support (IPS) Supported Employment (SE) fidelity reviews (paragraphs 2.f.(7) and 2.q.(2)(d)).
- f. Requires an annual VA medical facility Self-Assessment for CWT SE and CWT Transitional Work (TW) (paragraphs 2.g.(5) and 2.q.(2)(c)).
- g. Provides detail on the required Veteran Orientation Handbook (paragraph 2.q.(2)(g)) and VA medical facility Voc Rehab Steering Committee (paragraph 2.q.(6)).
- h. Expands upon requirements to obtain Veterans' informed consent prior to participation in CWT (paragraph 3.i.).
- i. Clarifies training requirements for VA medical facility Voc Rehab Managers (or designated coordinators or supervisors of Voc Rehab Service elements) and staff providing CWT SE and CWT Community Based Employment Services (paragraph 7).

**2. RELATED ISSUES:** VHA Directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023; VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program, dated July 15, 2019; VHA Directive 1163, Psychosocial Rehabilitation and Recovery Services, dated August 14, 2025; VHA Directive 1176(2), Spinal Cord Injuries and Disorders System of Care, dated September

30, 2019; VHA Directive 1172.01, Polytrauma System of Care, dated April 18, 2024; VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016.

**3. POLICY OWNER:** The Office of Mental Health (11OMH) is responsible for the content of this directive. Questions should be addressed to the Voc Rehab Service at [PSRHQ@med.va.gov](mailto:PSRHQ@med.va.gov).

**4. LOCAL DOCUMENT REQUIREMENTS:** VA medical facilities are required to develop and maintain the following:

a. A standard operating procedure (SOP) to complete CWT medical clearance as required by this directive (see paragraph 2.n.(8)).

b. A Voc Rehab Service-specific medical emergency or injury SOP (see paragraph 2.q.(2)(h)).

**5. RESCISSIONS:** None.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of August 2030. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**7. IMPLEMENTATION SCHEDULE:** This directive is effective within 6 months of the publication date.

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Erica M. Scavella, MD, FACP, FACHE  
Assistant Under Secretary for Health  
for Clinical Services and  
Chief Medical Officer

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on August 14, 2025.

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## VHA VOCATIONAL REHABILITATION SERVICE

### 1. POLICY

It is Veterans Health Administration (VHA) policy that Department of Veterans Affairs (VA) medical facilities provide Veterans with access to vocational rehabilitation services through the VHA Vocational Rehabilitation (Voc Rehab) Service. This includes the integration of Voc Rehab Service providers into Veterans Integrated Service Network (VISN) and VA medical facility programs and clinical services to provide vocational rehabilitation interventions and expertise. **AUTHORITY:** 38 U.S.C. §§ 1718, 2031(a)(2), 7301(b); 38 C.F.R. § 17.38.

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Chief Operating Officer.** The Chief Operating Officer is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Ensuring that each VISN Director has sufficient resources to implement this directive in all VA medical facilities within that VISN.

(3) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(4) Overseeing VISNs to ensure compliance with and the effectiveness of this directive.

c. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer is responsible for:

(1) Supporting the Office of Mental Health (OMH) with implementation and oversight of this directive.

(2) Supporting the development of mitigation or corrective actions to address noncompliance with this directive.

d. **VHA Chief Financial Officer.** The VHA Chief Financial Officer (CFO) is responsible for collaborating with the National Director, VHA Voc Rehab Service to oversee the finances of the Compensated Work Therapy (CWT) program, including the following:

(1) Provision and coordination of monthly reports for the CWT Account collection and balances.

(2) Coordination of monthly transfer of funds from CWT TW bills of collection.

(3) Coordination of issuance and repayment of advanced funds to the CWT Account for CWT TW.

(4) Coordination of G-Invoicing for VHA.

(5) Coordination of audits and risks assessments as needed or required (e.g., Payment Integrity Information Act (PIIA)).

e. **Executive Director, Office of Mental Health.** The Executive Director, OMH is responsible for:

(1) Ensuring that the policy standards specified by this directive are being implemented as intended and that corrective action is taken when noncompliance is identified.

(2) Communicating the contents of this directive throughout OMH.

(3) Ensuring that sufficient resources are available both within OMH and in VISNs and VA medical facilities to support the implementation of this directive.

(4) Supporting the National Director, VHA Voc Rehab Service and the Directors of the OMH evaluation centers, including the Northeast Program Evaluation Center (NEPEC), the Performance Evaluation and Resource Center (PERC), and the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC), in the evaluation of Voc Rehab Service programs and services.

(5) Facilitating integration of Voc Rehab Service providers and services within and across national program offices beyond mental health (e.g., Homeless Program Office, Polytrauma, Spinal Cord Injury (SCI), Blind and Visual Impairment Rehabilitation Services) to ensure a unified approach to vocational rehabilitation.

f. **National Director, Outpatient Services and Psychosocial Rehabilitation.** The National Director, Outpatient Services and Psychosocial Rehabilitation (OS&PSR) section in OMH, which includes the VHA Voc Rehab Service, is responsible for:

(1) Developing and communicating national policy and procedures for psychosocial rehabilitation services which are consistent with evidence-based practice and promising practices literature; VHA's mission, goals, and objectives; and VHA Directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023.

(2) Providing subject matter experts (SMEs) for consultation and guidance to VISNs and their VA medical facilities in the development and operation of comprehensive psychosocial rehabilitation clinical programs.

(3) Continuing the ongoing maintenance of VHA mental health services to a recovery-oriented system of care.

(4) Collaborating with OMH evaluation centers, including NEPEC, PERC, and SMITREC, to monitor and evaluate VHA mental health services and programs, including the Voc Rehab Service.

(5) Analyzing reports from OMH evaluation centers (which are funded by and report to OMH) about the operations of Voc Rehab Service programs, including an annual report evaluating the state of Voc Rehab Service delivery to Veterans, and working with SMEs to remediate issues identified.

(6) In accordance with VHA Directive 1023, Waivers to VHA National Policy, dated March 5, 2024, approving or not approving waivers to VHA national policy requests from any VA medical facility or VISN unable to comply with this directive as it relates to the implementation, provision, or oversight of Voc Rehab Service programs and services. **NOTE:** For OMH's waiver process, see the [OMH Official Policy Waivers SharePoint](#). This is an internal VA website that is not available to the public.

(7) Coordinating systematic onsite VA medical facility Individual Placement and Support (IPS) Supported Employment (SE) fidelity reviews to ensure adherence to the evidence-based principles of IPS. For more information about the IPS model, see the [Voc Rehab SharePoint, IPS Section](#). **NOTE:** This is an internal VA website that is not available to the public.

**g. National Director, VHA Vocational Rehabilitation Service.** **NOTE:** See paragraph 3 for more information on the scope of Voc Rehab services. The National Director, VHA Voc Rehab Service is responsible for:

(1) Serving as the national discipline lead for Rehabilitation Counselor (RC) and vocational rehabilitation providers within VHA, including:

(a) Developing national policies, practices, and guidance pertaining to the delivery of vocational rehabilitation services.

(b) Collaborating with the Office of Academic Affiliations (OAA) regarding Health Professions Education (HPE) programs within the Voc Rehab Service, such as RC internships. See VHA Directive 1400, Office of Academic Affiliations, dated November 9, 2018.

(2) Communicating and collaborating with VA and non-VA entities regarding RC and vocational rehabilitation, including:

(a) Professional organizations, accrediting and certifying bodies, and state licensing boards.

(b) Non-VHA vocational rehabilitation agencies and services (e.g., Veterans Benefits Administration (VBA), VBA Veteran Readiness and Employment (VR&E), U.S. Department of Labor, Rehabilitation Services Administration (RSA), IPS Employment Center, state vocational rehabilitation services, and Veterans Service Organizations (VSOs)).

(c) VHA national program offices and services for integrating vocational rehabilitation into clinical programs and services across the VA health care system.

(3) Ensuring the Voc Rehab Service program office team provides training, consultation, and assistance via national training calls, conferences, for-cause and routine site visits, and individual consultation to VISN Chief Mental Health Officers (CMHOs), VA medical facilities, VA medical facility Voc Rehab Service providers, and VA medical facility Voc Rehab Managers to guide vocational rehabilitation services and CWT implementation.

(4) Using program monitoring and outcome data from OMH program evaluation centers (NEPEC, PERC, SMITREC) and other data resources to evaluate the effectiveness of Voc Rehab Service programs and make recommendations to VISNs or VA medical facilities for operational changes.

(5) Facilitating an annual VA medical facility Self-Assessment for CWT SE and CWT TW.

(6) Coordinating with the VHA CFO to oversee the finances of the CWT program (see paragraph 2.d.).

(7) Developing criteria for each VISN's selection of a SE Mentor Trainer site and VA medical facility SE Mentor Trainer role and ensuring Voc Rehab Service program office team representation on interview panels to provide input to the VA medical facility Voc Rehab Manager's selection of the SE Mentor Trainer. **NOTE:** *For SE Mentor Trainer experience requirements , see the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.*

(8) Developing minimum experience requirements for each VISN's selection of a VISN Point of Contact (POC) to OMH for the Voc Rehab Service and, in collaboration with the VISN Director and VISN CMHO, ensuring that VISN POC identification and assignment of responsibilities meet the minimum experience requirements. VISN POCs provide coordination of service teams and serve as champions for implementation of this directive and vocational rehabilitation services across each VISN. **NOTE:** *VISN POC experience requirements are located on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.*

(9) Collaborating with the VISN POC for the Voc Rehab Service to support HPE programs and research projects within the VISN.

(10) Ensuring that new Voc Rehab Service providers are added to Voc Rehab Service listservs and enrolled in relevant training courses.

h. **Director, Northeast Program Evaluation Center.** The Director, NEPEC in OMH is responsible for:

(1) Providing national program monitoring, evaluation, and reporting for services provided by the Voc Rehab Service.

(a) These data are available for review by the Executive Director, OMH; National Director, OS&PSR; National Director, VHA Voc Rehab Service; VHA leadership; VISN Directors; VISN CMHOs; and VA medical facility Voc Rehab Managers to guide operations and national policy development. Further information is available on the [NEPEC Dashboard](#). **NOTE:** *This is an internal VA website and is not available to the public.*

(b) These responsibilities include, but are not limited to, monitoring compliance with evaluation data requirements; monitoring the use of relevant stop codes and workload coding; communicating information to stakeholders; and providing technical assistance related to all evaluation performance measures, monitoring, and capacity targets.

(2) Overseeing NEPEC staff who lead the evaluation efforts for the Voc Rehab Service and are the primary POCs for program monitoring and evaluation.

(3) Ensuring the accuracy and completeness of all data and reports associated with the Voc Rehab Service and communicating to the OMH National Director, OS&PSR when any data integrity issues may impact oversight or operations.

(4) Collaborating with OS&PSR and the Voc Rehab Service program office team to promote the sharing of information pertinent to these services and the Veterans served.

i. **Director, Performance Evaluation and Resource Center.** The Director, PERC, is responsible for:

(1) Maintaining metric and staffing dashboards to support monitoring of Voc Rehab Service performance metrics (e.g., Strategic Analytics for Improving and Learning (SAIL), Mental Health Information System (MHIS)).

(2) Collaborating with the National Director, VHA Voc Rehab Service to promote the sharing and updating of information pertinent to the Voc Rehab Service and the Veterans served.

j. **Director, Serious Mental Illness Treatment Resource and Evaluation Center.** The Director, SMITREC is responsible for producing reports based on available clinical and administrative data to OMH, evaluating the state of Voc Rehab Service delivery to Veterans in VHA, and identifying opportunities for improvements in these services.

k. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Assistant Under Secretary for Clinical Services/Chief Medical Officer and the Chief Operating Officer when barriers to compliance are identified.

(2) Overseeing corrective actions to address operational noncompliance at the VISN and VA medical facilities within the VISN.

(3) Ensuring that vocational rehabilitation services are available to eligible Veterans living in areas distant from parent VA medical facilities within the VISN.

(4) Ensuring the VISN CMHO appoints a VISN POC to OMH for the Voc Rehab Service who meets the experience requirements established by the National Director, VHA Voc Rehab Service.

(5) Ensuring that the VISN CMHO designates a SE Mentor Trainer site within the VISN, and that the designated site supports a 1.0 full time equivalent (FTE) SE Mentor Trainer.

(6) Ensuring that VHA points of service submit formal written requests (waivers) for local modifications or exceptions to clinical service requirements and direct them to OMH through the VISN for decision to approve or not approve. **NOTE:** *For further information about the waiver process, see VHA Directive 1023 and a description of OMH's waiver process on the [OMH Official Policy Waivers SharePoint](#). This is an internal VA website that is not available to the public.*

I. **Veterans Integrated Service Network Chief Mental Health Officer.** The VISN CMHO is responsible for:

(1) Supporting implementation of this directive at local VA medical facilities and all of their associated points of service within the VISN.

(2) Providing oversight and support to VA medical facilities within the VISN in the implementation, organization, direction, coordination, evaluation, review, and improvement of vocational rehabilitation services, data collection, and participating in for cause and consultative site visits, and informing leadership when barriers to compliance are identified.

(3) Appointing a VISN POC for Voc Rehab Service that meets the minimum experience identified by the National Director, VHA Voc Rehab Service. **NOTE:** *The POC assignment may be rotated amongst qualifying VA medical facility Voc Rehab Managers as a collateral duty or may be a permanent VISN position designated as a VISN Voc Rehab Coordinator. If rotated amongst VA medical facility Voc Rehab Managers, a 2-year rotation is recommended. Experience requirements are located on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.*

(4) Designating a SE Mentor Trainer site within the VISN based upon criteria established by the National Director, VHA Voc Rehab Service, and ensuring that a 1.0 FTE SE Mentor Trainer position is supported at the designated site. **NOTE:** *Mentor Trainer site designation criteria is located on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.*

(5) Facilitating realignment of the Voc Rehab Service under mental health at the VISN and VA medical facilities within the VISN as appropriate at the VA medical facility level.

m. **Veterans Integrated Service Network Points of Contact.** *NOTE: The VISN POC for the Voc Rehab Service may be either rotated amongst qualifying VA medical facility Voc Rehab Managers as a collateral duty or may be designated as a permanent VISN position. In the latter case, this position is called the VISN Voc Rehab Coordinator and additionally supports the VISN CMHO functions.* The VISN POC for the Voc Rehab Service is responsible for:

(1) Coordinating communications, information, and resources to Voc Rehab Service programs and services within their VISN.

(2) Maintaining the VISN email distribution lists of program providers.

(3) Acting as the first level of consultation, in collaboration with the VISN CMHO, for questions or concerns from VA medical facility Voc Rehab Managers within the VISN.

(4) Communicating Voc Rehab Service position changes at the VA medical facility, including vacancies, backfills, and new hires, to the VISN CMHO and the Voc Rehab Service program office team.

(5) Attending national trainings and conference calls with the Voc Rehab Service program office team.

(6) Relaying information between the Voc Rehab Service program office team, VISN CMHO, VA medical facility leadership, the VA medical facility SE Mentor Trainer, and providers within their VISN, and obtaining feedback when required to address questions or concerns pertaining to implementation of national policies.

(7) Serving as a mentor to new VA medical facility Voc Rehab Managers in their VISN for Voc Rehab Service practices.

(8) Coordinating VISN-wide conferences, ad hoc trainings, and meetings as requested by VISN or VA medical facility leadership on behalf of the VA medical facility, VISN, or OMH.

(9) Serving as the POC for other VA medical facility Voc Rehab Managers, employers, or agencies interested in connecting with services or information within the VISN's Voc Rehab Service programs.

(10) Assisting the National Director, VHA Voc Rehab Service in supporting HPE programs and research projects within the VISN.

(11) Notifying the National Director, VHA Voc Rehab Service to initiate the process for including the Voc Rehab Manager on national listservs and trainings within 1 month of the VA medical facility Voc Rehab Manager's start date.

n. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate action is taken if noncompliance is identified.

(2) Ensuring that providers in Voc Rehab Service programs and services have adequate resources to fulfill their responsibilities and flexibility required to be able to respond to immediate Veteran needs as they arise (e.g., staffing, clinic capacity, vehicles, equipment, administrative support, office space).

(3) Ensuring the completion of all data requests, reporting, monitoring, and accreditation requirements by the applicable due dates for Voc Rehab Service programs, positions, or services.

(4) Ensuring the use of national stop codes to record Voc Rehab Service provider activity across the VA medical facility. **NOTE:** *For additional and service-specific resources, see the [Mental Health Business Operations SharePoint](#). This is an internal VA website that is not available to the public.*

(5) Aligning the Voc Rehab Service under the VA medical facility Mental Health Leader, as appropriate.

(6) If designated as a SE Mentor Trainer site, ensuring that a 1.0 FTE SE Mentor Trainer position is included in VA medical facility staffing resources and functions according to responsibilities in this directive.

(7) In collaboration with the VA medical facility Mental Health Leader, determining Voc Rehab Service representation on the VA medical facility Mental Health Executive Council (MHEC) and ensuring opportunities to communicate Voc Rehab Service needs across the VA medical facility. **NOTE:** *For additional information about the VA medical facility MHEC, see VHA Directive 1160.01.*

(8) Ensuring that a standard operating procedure (SOP) is established to complete CWT medical clearance as required by this directive and in alignment with the SOP template on the [VHA Vocational Rehabilitation Policy Support Page](#). See paragraph 3.g.(2) for additional detail on medical clearance. **NOTE:** *This is an internal VA website that is not available to the public. It is best practice for an appropriately credentialed and qualified medical provider to be identified and have time allocated for this function.*

(9) Ensuring that Voc Rehab Service providers are integrated into programs and clinical services across the VA medical facility to provide vocational rehabilitation expertise and services, such as: outpatient and specialty mental health programs, residential rehabilitation, homeless programs, Polytrauma, Spinal Cord Injuries and Disorders (SCI/D) System of Care, Blind Rehabilitation, and other areas as warranted. These providers should be provided clinical/technical consultation by the VA medical facility Voc Rehab Manager (or separate vocational rehabilitation Discipline Leader, if applicable – see paragraph 2.p.(5)).

(10) Ensuring all adverse events, sentinel events, and close calls involving patient care are reported in the Joint Patient Safety Reporting (JPSR) system in accordance with VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023.

o. **VA Medical Facility Chief Financial Officer.** The VA medical facility CFO is responsible for:

(1) Supporting the VA medical facility Voc Rehab Manager to execute their annual operating budget for the CWT Account, in accordance with current fiscal guidance. This budget must be reviewed, together with the VA medical facility Voc Rehab Manager, on a recurring basis, recommended no less than quarterly.

(2) Monitoring all CWT Account activities, including those associated with VA medical facilities.

(3) Conducting monthly reconciliations of the CWT Account and an annual account audit and sharing the results with the VA medical facility Voc Rehab Manager.

(4) Collaborating with the VA medical facility Voc Rehab Manager to ensure timely and accurate Veteran CWT TW payrolls, bills of collection, CWT Account balances, deposits to CWT Account, use of G-Invoicing for Federal partnerships, and to ensure all expenditures utilize approved budgeting procedures, including internal controls and separation of duties. For details, see paragraph 5.

p. **VA Medical Facility Mental Health Leader.** The VA medical facility Mental Health Leader (e.g., Mental Health Service Line Chief, Associate Chief of Staff–Mental Health, depending on the VA medical facility) is responsible for:

(1) Overseeing the VA medical facility's Voc Rehab Service to ensure appropriate staffing, high-quality services, and coordination with other clinical services within the VA medical facility. ***NOTE: The Voc Rehab Service represents a health care profession that implements specialty programs, services, and interventions that are integrated across the VA medical facility; hence, it must report directly to a VA medical facility Mental Health Leader or a section leader and is not a subset of, or aligned under, another clinical program.***

(2) Maintaining a working knowledge of the principles of vocational rehabilitation in order to communicate pertinent Veteran care and service delivery issues to senior VA medical facility leadership, the Voc Rehab Service program office, and local Voc Rehab Service providers and collaborating programs and clinical services.

(3) Completing all mandated reporting, monitoring, evaluation, and accreditation requirements relevant to vocational rehabilitation services at the VA medical facility.

(4) Appointing Voc Rehab Service providers, aligned under the VA medical facility's Voc Rehab Service, to meet the staffing recommendations and ratios for the Voc Rehab Service in paragraph 3.d. of this directive.

(5) Designating a vocational rehabilitation Discipline Leader, in those instances when the VA medical facility Voc Rehab Manager is not credentialed in vocational rehabilitation. This lead must be credentialed in vocational rehabilitation (i.e., a Certified Rehabilitation Counselor (CRC)) and serve as the subject matter expert for vocational rehabilitation in areas such as: recruitment, performance evaluations, training, competencies, scope of practice, and other professional vocational rehabilitation discipline-specific issues. **NOTE:** For more VA medical facility Mental Health Discipline Leader responsibilities, see VHA Directive 1160.01.

(6) Participating in the VA medical facility's Voc Rehab Service Steering Committee (for information regarding the Voc Rehab Service Steering Committee, see paragraph 2.q.(6)).

(7) Ensuring that new VA medical facility Voc Rehab Managers complete training requirements within 1 year of their start date (see paragraph 7).

(8) In collaboration with the VA medical facility Director, determining Voc Rehab Service representation on the VA medical facility MHEC. **NOTE:** For additional information about the VA medical facility MHEC, see VHA Directive 1160.01.

q. **VA Medical Facility Vocational Rehabilitation Manager.** **NOTE:** The term Voc Rehab Manager (also known as Voc Rehab Chief or Voc Rehab Director, depending on the VA medical facility) is used for the person responsible for supervision and management of vocational rehabilitation staffing and services at the VA medical facility. While it is best practice for this position to be held by someone with credentials in vocational rehabilitation (i.e., a CRC in the General Schedule (GS)-0101 Rehabilitation Counselor occupation), in cases when the Voc Rehab Manager is in the GS-1715 Vocational Rehabilitation Specialist (VRS) occupational series, a separate vocational rehabilitation Discipline Leader (i.e., a CRC at the VA medical facility, a lead CRC in the VISN, or a psychologist with training in disability and psychosocial interventions) must be designated to perform discipline leader functions, clinical and technical supervision, and peer reviews. For VA medical facility Mental Health Discipline Leader responsibilities, see VHA Directive 1160.01. The VA medical facility Voc Rehab Manager is responsible for:

(1) Serving as the lead for supervising, organizing, and evaluating vocational rehabilitation services in the VA medical facility. This includes coordinating with other services and program leaders to ensure vocational rehabilitation is available, integrated into clinical teams and services, and provided to Veterans across the VA medical facility; strategic planning for growth and improvement; and conducting quality assessments, clinical caseload reviews, peer reviews, and other monitoring activities identified by accreditation bodies, VA medical facility or VISN leadership, NEPEC, and the Voc Rehab Service program office.

(2) Implementing vocational rehabilitation services at the VA medical facility, including:

(a) Implementation of CWT SE in accordance with the IPS model as defined by the IPS Fidelity Scale on the [Voc Rehab SharePoint, IPS Section](#). **NOTE:** *This is an internal VA website that is not available to the public. The IPS Fidelity Scale is used to evaluate implementation of IPS elements in CWT SE as described in paragraph 4.b.(1).*

(b) Implementation of CWT TW in accordance with the Enriched Clinical Model of TW as defined by the [CWT TW Checklist](#). **NOTE:** *This is an internal VA website that is not available to the public. The CWT TW Checklist is used to evaluate implementation of CWT TW requirements as described in paragraph 4.b.(3).*

(c) Completing an annual Self-Assessment for CWT SE and TW.

(d) Preparing for and participating in onsite IPS SE fidelity reviews conducted by the Voc Rehab Service program office.

(e) Developing a Voc Rehab Quality Improvement Plan and reviewing it with the Voc Rehab Steering Committee at least quarterly (for information about the Steering Committee, see paragraph 2.q.(6)).

(f) Ensuring that CWT TW Worksite Supervisor orientation is provided to new partners serving as CWT TW worksite supervisors, and on an annual recurring basis. **NOTE:** *Required content and sample orientation materials are available on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website not available to the public.*

(g) Developing a Voc Rehab Service Veteran Orientation Handbook to educate and inform Veterans about the Voc Rehab Service, prior to admission. For examples of Veteran Orientation Handbooks, see the [VHA Vocational Rehabilitation Policy Support Page](#). **NOTE:** *This is an internal VA website that is not available to the public.*

(h) Developing a Voc Rehab Service-specific medical emergency or injury SOP in alignment with the template on the [VHA Vocational Rehabilitation Policy Support Page](#), including processes for Veteran participants to report injury or death, provider documentation in the patient incident reporting system, and document of the cause of the death, if known, and communicating this plan throughout the VA medical facility and with each non-VA medical facility CWT TW, CWT SE, and CWT Community Based Employment Services (CBES) partner. **NOTE:** *This is an internal VA website that is not available to the public.*

(i) Developing, monitoring, and terminating as needed CWT TW Memoranda of Agreement (MOAs) with other VA medical facilities, other Federal agencies, and community-based programs to meet the needs of the Veterans served in the program, and ensuring that the development of non-governmental MOAs follows the VHA partnerships' process of completing due diligence reviews consistent with VHA Directive 1098, VHA Public-Private Partnerships, dated April 30, 2020. **NOTE:** *MOA templates are provided on the [VHA Vocational Rehabilitation Policy Support Page](#). Information on VHA's partnerships process is available on the [VHA National Center for Healthcare Advancement and Partnerships SharePoint](#). These are internal VA websites that are not*

*available to the public. For additional detail about CWT TW partnerships through MOAs, see paragraph 4.b.(3)(f).*

(j) Promoting activities and events that emphasize the value of work in recovery, upstream suicide prevention, and community integration such as National Disability Employment Awareness Month (NDEAM) and National Voc Rehab Recognition Week.

(k) Developing and monitoring an annual operating budget for the CWT Account, in accordance with current fiscal guidance and in coordination with the VA medical facility CFO. This budget must be reviewed on a recurring basis, recommended no less than quarterly.

(l) Monitoring the CWT Account to ensure sufficient funding is available to meet program requirements (CWT TW payroll) when the advance and any surplus funding are withdrawn. If the CWT Account is not solvent at any point in the fiscal year (FY), the VA medical facility's CFO must allocate funds to the CWT Account to ensure that CWT TW Veteran payroll and CWT obligations are met.

(m) Collaborating with the VA medical facility CFO to ensure timely and accurate Veteran CWT TW payrolls, bills of collection, CWT Account balances, and deposits to CWT Account; use of G-Invoicing for Federal partnerships; ensuring all expenditures utilize approved budgeting procedures, including internal controls and separation of duties.

(n) Periodically auditing payroll, billing, and expenses to ensure program solvency and that the advance funds provided are available to be withdrawn from the CWT Account in the fourth quarter of each FY by VHA's Office of Finance without disruption to programming.

(3) Serving as, or collaborating with, the VA medical facility vocational rehabilitation Discipline Leader for vocational rehabilitation providers in accordance with discipline leader responsibilities in VHA Directive 1160.01. **NOTE:** *Requirements for the Discipline Leader are located on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public. If the VA medical facility Voc Rehab Manager is not credentialed in vocational rehabilitation, then a separate Discipline Leader must be designated.*

(4) Serving as, or designating, a VA Program/Site Director and supervising practitioners for funded and without compensation (WOC) internships, in accordance with the VA Program/Site Director responsibilities in VHA Directive 1400.03, Educational Relationships, dated February 23, 2022.

(5) Representing the Voc Rehab Service on the VA medical facility MHEC, as appointed by the VA medical facility Mental Health Leader and VA medical facility Director.

(6) Establishing and chairing a VA medical facility Voc Rehab Steering Committee to provide input into vocational rehabilitation implementation and the quality improvement

plan at the VA medical facility. **NOTE:** A *Voc Rehab Steering Committee Charter template* is located on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.

(7) Ensuring compliance with external and internal accrediting bodies. For additional detail, see paragraph 3.j.

(8) Ensuring recruitment of Voc Rehab Service providers in a vocational rehabilitation job series according to national guidance on the [VHA Vocational Rehabilitation Policy Support Page](#), and in collaboration with Human Resources (HR), ensuring that all appointees to the GS-0101 RC or GS-1715 VRS occupational series meet the qualification requirements of having the necessary education, certification, or experience in the provision of vocational rehabilitation to individuals with employment barriers resulting from mental health, physical, or psychosocial conditions. **NOTE:** This is an internal VA website that is not available to the public.

(a) If designated as a SE Mentor Trainer site, ensuring recruitment of a 1.0 FTE VA medical facility SE Mentor Trainer according to criteria established by the National Director, VHA Voc Rehab Service, the opportunity for Voc Rehab Service program office team inclusion and input on the interview panel, and supervision to support the SE Mentor Trainer in functioning according to this directive. **NOTE:** *SE Mentor Trainer qualification criteria* can be located on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.

(b) Ensuring proper person class assignment and labor mapping.

(c) Notifying the VISN POC for the Voc Rehab Service, within 1 month of a Voc Rehab Service provider's start date, to initiate the process of assignment to Voc Rehab Service listservs and enroll in relevant training courses.

(9) Supervising VA medical facility Voc Rehab Service providers, including:

(a) Providing administrative supervision of CWT providers and other Voc Rehab Service staff at the VA medical facility, including overseeing work schedules, leave requests, performance appraisals, and other administrative tasks.

(b) Providing or ensuring technical/clinical supervision of all VA medical facility vocational rehabilitation providers. **NOTE:** *Guidance for clinical/technical supervision of vocational rehabilitation* is located on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.

(c) Ensuring Voc Rehab Service providers complete required training (See paragraph 7).

(d) Ensuring VA medical facility Voc Rehab providers document all clinical encounters using the proper stop code and procedure codes in accordance with the Mental Health Coding Guidelines for VHA Vocational Rehabilitation on the [Mental](#)

[Health Business Operations SharePoint](#). **NOTE:** This is an internal VA website that is not available to the public.

(e) If at a designated SE Mentor Trainer site, supervising the VA medical facility SE Mentor Trainer to ensure performance of SE Mentor Trainer functions included in this directive.

(10) Ensuring that VA health care providers at the VA medical facility are informed about vocational rehabilitation services and interventions, and how to refer Veterans to the Voc Rehab Service.

r. **VA Medical Facility Supported Employment Mentor Trainer.** **NOTE:** Each VISN's designated SE Mentor Trainer site must have a 1.0 FTE VA medical facility SE Mentor Trainer. This is a VA medical facility level position with responsibilities supporting SE throughout the VISN. Qualification and experience criteria and detailed SE Mentor Trainer functions are available on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public. The VA medical facility SE Mentor Trainer is responsible for:

(1) Carrying an active CWT SE caseload at their VA medical facility, with a percentage of their time labor mapped for the administrative functions required of this position. **NOTE:** Factors to be used in calculating the expected caseload size and percentage of administrative time are detailed on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.

(2) Providing guidance and training on IPS to Voc Rehab Managers and CWT SE providers at all VA medical facilities within their respective VISN. This may include on-site support for consultation and modeling of job development in the community.

(3) Providing feedback to the Voc Rehab Service program office team and the VISN POC for the Voc Rehab Service on VISN and VA medical facility IPS implementation, such as CWT SE staffing and vacancies, access to services, implementation barriers, CWT SE data and metrics, quality improvement data, and strong practices.

(4) Participating in national SE Mentor Trainer calls, IPS SE fidelity reviews, and other activities to ensure ongoing knowledge and skills are consistent with national expectations.

s. **VA Medical Facility Vocational Rehabilitation Service Providers.** **NOTE:** VA medical facility Voc Rehab Service providers may include RC, VRS, and other support, peer, or clinical staff who perform duties in support of the Voc Rehab Service under their discipline's scope of practice. All Voc Rehab Service providers are expected to carry out these responsibilities; however, the emphasis and specific implementation requirements may vary based on the service component to which the provider is assigned (i.e., Vocational Assistance, CWT) and within their scope of practice. Each VA medical facility must offer at least CWT SE, CWT TW, and Vocational Assistance services. See service-specific implementation requirements in paragraph 4. VA medical facility Voc Rehab Service providers are responsible for:

(1) Assisting Veterans to identify, obtain, and maintain employment commensurate with their vocational, social, psychological, and medical needs, based on their strengths, abilities, and preferences. This includes:

(a) Assisting the Veteran to prepare for employment, including:

1. Analyzing pertinent findings from medical, psychological, or prior vocational services or work experience.

2. Counseling Veterans regarding techniques for obtaining and maintaining employment.

3. Assisting Veterans in becoming knowledgeable about the impact of income from employment on disability and other benefits, as well as providing information on the means to access such information.

4. Eliciting Veterans' job preferences, salary expectations and needs, insurance needs, transportation needs, and hours and days available to work.

5. Assisting Veterans in becoming knowledgeable about job duties, employee benefits, rates of pay, employment policies and practices, and the job location prior to job acceptance.

(b) Providing job development and placement, including:

1. Contacting employers and appropriate Federal, state, and local employment agencies to develop or identify job opportunities for persons with disabilities.

2. Providing on-site job analysis, consultation, and recommendations for worksite and job modification, when appropriate.

3. Assisting employers to identify, modify, and eliminate architectural, procedural, instructional or communication, or attitudinal barriers to the employment and advancement of persons with disabilities.

4. Educating employers about:

a. Various disabilities and resulting vocational implications;

b. Assistive devices;

c. Job accommodations;

d. Services provided as part of job placement;

e. Incentives to the employer; and

f. Current disability-related legislation affecting the employer.

5. Maintaining communication and coordination with community agencies and resources, including maintaining an organized system of recording job openings.

(c) Providing follow-along support for job retention, including:

1. Contacting the Veteran and the employer (with Veteran permission) or TW worksite within 2 days of their start date to ensure adequate job adjustment and retention, and documenting contact in the electronic health record (EHR).

2. Providing worksite visits and clinically indicated job-site support to the Veteran and employer during the Veteran's working hours, and vocational counseling and monitoring before or after the Veteran's working hours. A flexible work schedule should be made available to vocational rehabilitation staff to meet the Veteran's needs.

(2) Developing recovery-oriented treatment goals and objectives to address the underlying causes and factors contributing to employment barriers in collaboration with the Veteran. Progress is monitored during sessions and informs individualized services, duration, and discharge planning.

(3) Documenting clinical contact in the EHR, including intake, assessment, treatment plans, progress notes, and discharge notes, in accordance with the requirements of paragraph 3.i.

(4) If designated by the VA medical facility Voc Rehab Manager, participating in the training of RC interns as an RC Training Director or supervising practitioner, in accordance with VHA Directive 1400.03.

### 3. VHA VOCATIONAL REHABILITATION SCOPE OF SERVICES OVERVIEW

a. **Purpose.** VHA's Voc Rehab Service includes recovery-oriented clinical vocational rehabilitation services. Through a continuum of vocational, educational, training, employment, and therapeutic work services, the Voc Rehab Service endeavors to support Veterans who are experiencing barriers from mental health, medical, or psychosocial conditions to obtain and maintain community integrated competitive employment. CWT is a program provided by the Voc Rehab Service that involves the provision of therapeutic work and career planning services, including TW, SE, CBES, Supported Education (SEd), and Supported Self Employment (SSE). CWT program components (SE, TW, CBES, SEd, SSE), while integrated into various clinical services and programs, can only be provided by the CWT program, as part of the Voc Rehab Service, and only one CWT program is authorized at each VA medical facility. ***NOTE: CWT Transitional Residence (CWT TR) programs provide residential treatment for eligible Veterans engaged in CWT, according to VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program, dated July 5, 2019.***

b. **Target Population.** For this directive, the target population is Veterans eligible for VA health care that are living with mental health conditions, physical impairments, or psychosocial issues that pose barriers to employment and who want to improve their functional capabilities for work to obtain and maintain meaningful community-based

competitive employment. Voc Rehab Service interventions and programs are integrated into clinical services and programs across the VA medical facility to serve this target population.

c. **Scope.** The Voc Rehab Service consists of the following clinical interventions and specialty programs. For program and service-specific details, see paragraph 4.

- (1) Vocational Assistance services.
- (2) CWT program, which includes:
  - (a) Supported Employment.
  - (b) Community Based Employment Services.
  - (c) Transitional Work.
  - (d) Supported Self Employment.
  - (e) Supported Education.

d. **Staffing Guidelines and Recommended Caseload Sizes.** *NOTE: Staffing guidance and models for Voc Rehab Services of various sizes and complexities are available on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.*

(1) VA medical facility staff providing vocational rehabilitation services or supervising Voc Rehab Service providers must provide services within their scope of practice. Vocational services outlined in this directive, where not otherwise stated, are provided by providers in the GS-0101 RC or GS-1715 VRS occupational series. Disciplines providing these services outside of these occupational series must be approved via OMH's waiver process.

(a) Staffing levels are currently determined by the recommended staffing ratios in paragraph 3.d.(6), vocational rehabilitation service requirements in other VHA directives for collaborating clinical services and programs at the VA medical facility, the severity of impairment of the Veterans served, and the specific interventions and services provided. These staffing levels must include at minimum:

1. 1.0 FTE VA medical facility Voc Rehab Manager.
2. 1.0 FTE to provide CWT SE for Veterans with psychosis. *NOTE: VA medical facilities that were funded for 1.0 FTE to provide CWT SE integrated into substance use disorder (SUD) treatment teams are expected to additionally maintain that position.*
3. 1.0 FTE SE Mentor Trainer at designated sites.
4. Adequate FTE to implement the mandated service of CWT TW.

(b) Due to the unique and complex responsibilities and specialized vocational rehabilitation knowledge required, the VA medical facility Voc Rehab Manager is a 1.0 FTE position that does not have responsibilities outside of the Voc Rehab Service. Larger programs may choose to designate a coordinator(s) or subordinate supervisor(s), reporting to the VA medical facility Voc Rehab Manager, to assist with day-to-day management and oversight for individual program components (i.e., CWT SE, CWT TW). Additionally, when the Voc Rehab Manager is not a CRC, a vocational rehabilitation Discipline Leader must be designated by the VA medical facility Mental Health Leader to perform discipline leader functions, clinical/technical supervision, and peer reviews.

(2) The Voc Rehab Service must have designated program support. Due to the unique program support requirements associated with CWT TW billing and payroll, program support must be dedicated and not provided by a pool of program support staff.

(3) Other clinical staff who are not in the GS-0101 RC or GS-1715 VRS occupational series may perform duties within their discipline's scope of practice with profession oversight by respective profession leads (e.g., social work, psychology, occupational therapy, nurse practitioner, peer specialist) but do not perform the duties of vocational rehabilitation providers or carry a caseload independent from a Voc Rehab Service provider.

(4) WOC staff performing Voc Rehab Service duties must be supervised by the VA medical facility Voc Rehab Manager, have notes co-signed by a Voc Rehab Service clinician, and meet Voc Rehab Service staffing requirements. WOC staff functions are limited to interns, Institutional Review Board (IRB) approved research, and partnering agencies (e.g., Department of Labor). Partnering agencies may support the Voc Rehab Service in some aspects of Vocational Assistance (e.g., Job Clubs) but are not permitted to provide CWT program components.

(5) Adequate vocational rehabilitation staffing, aligned under the Voc Rehab Service, must be available to ensure that Veterans receive care in the Mental Health Residential Rehabilitation Treatment Program (MH RRTP) in accordance with MH RRTP minimum staffing requirement levels for vocational rehabilitation services, as well as SCI System of Care and Polytrauma System of Care, as required by VHA Directive 1162.02; VHA Directive 1176(2), Spinal Cord Injuries Disorders Systems of Care, dated September 30, 2019; and VHA Directive 1172.01, Polytrauma System of Care, dated April 18, 2024. **NOTE:** *The MH RRTP minimum staffing levels are met by the proportion of Voc Rehab Service staff time across all Voc Rehab services (CWT, Vocational Assistance) that is provided to Veterans in MH RRTP.*

**(6) Recommended Caseload Sizes (Staff to Veteran Ratios).**

(a) CWT TW: The recommended caseload size is 1 staff member to 30 Veterans (1:30).

(b) CWT SE: The recommended caseload size is 1 staff member to 20-25 Veterans (1:20-25) and must not extend above 1:25.

1. CWT SE providers must be solely dedicated to providing SE services to promote fidelity to the evidence-based practice of IPS and to ensure high-need Veterans have access to intensive vocational support.

2. It is recommended that each CWT SE FTE embed their vocational service delivery into no more than three treatment teams and maintain the recommended caseload size.

(c) CWT CBES: The recommended caseload size is 1 staff to 30 Veterans (1:30).

**e. Vocational Rehabilitation Service Operations.**

(1) Each VA medical facility must offer CWT TW and CWT SE.

(2) VA medical facilities must also offer Vocational Assistance on a group and individual basis as needed, in addition to other available Voc Rehab Service elements, to meet MH RRTP core minimum staffing levels for Voc Rehab, Polytrauma System of Care, SCI/D System of Care, and other services' policy requirements for vocational rehabilitation.

(3) VA medical facilities are strongly encouraged to provide additional Voc Rehab Service components based on the needs of the Veterans within their catchment area.

(4) Only one CWT program is authorized per VA medical facility. Voc Rehab Service staff providing components of the CWT program can be embedded into other teams to ensure access to vocational rehabilitation (e.g., CWT SE providers may be embedded into up to three treatment teams); however, the alignment, management, and oversight of the services and the supervision of the Voc Rehab providers must be aligned under the Voc Rehab Service.

(5) VA medical facilities must provide adequate access to government furnished vehicles to Voc Rehab Service providers for the delivery of community-based services, including times when Veterans may ride with VA clinical staff in Federal vehicles (see 38 U.S.C. § 111A).

(6) The Voc Rehab Service is strongly encouraged to develop academic affiliation agreements with universities and colleges for the training of RC interns. The RC Training Director at OAA-funded and WOC internship sites is designated by the Voc Rehab Manager. Supervising Practitioners may be from various collaborating programs. **NOTE:** VA medical facilities interested in affiliations with academic institutions to host

health professions trainees (HPTs) should review pertinent OAA directives (1400 series) and coordinate with their VA medical facility Designated Education Officer (DEO) prior to accepting any HPTs. Execution of affiliation agreements is the responsibility of the VA medical facility DEO. For support with establishing academic affiliation agreements, see the [VHA Vocational Rehabilitation Policy Support Page](#) and [OAA SharePoint](#). These are internal VA websites that are not available to the public.

(7) Voc Rehab Service providers support individualized employment goals based on Veterans' interests and goals. However, Voc Rehab Service providers may not support Veterans in obtaining or maintaining employment within the marijuana industry. **NOTE:** For detailed information on this topic, see the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.

f. **Eligibility Criteria.**

(1) A Veteran is eligible for vocational rehabilitation services who:

(a) Is enrolled in VA health care.

(b) Has barriers to obtaining or maintaining employment resulting from mental health, medical, or psychosocial conditions.

(c) Has the goal to obtain or maintain competitive, integrated community employment.

(2) There are no required pathways to participation in any Voc Rehab Service component such as duration of sobriety, routine vocational testing, participation in another Voc Rehab Service modality, or required time in a treatment program or clinical service prior to participation in the Voc Rehab Service.

g. **Referrals and Medical Clearance.** Veterans from across the VA medical facility in need of employment supports and vocational rehabilitation interventions must be referred to the Voc Rehab Service. Referrals to all VHA Vocational Rehabilitation programs, except for Vocational Assistance, are required via an electronic consult, order, or referral in the EHR and may be made to the VHA Voc Rehab Service by any appropriately credentialed and privileged individuals who are permitted by law and the VA medical facility to practice independently as set forth in VHA Directive 1100.21(1), Privileging, dated March 2, 2023 and VHA Directive 1100.20(2), Credentialing of Health Care Providers, dated September 15, 2021.

(1) Veterans may be referred via consult for the purpose of comprehensive assessment and evaluation for enrollment into the clinically appropriate therapeutic modality within the Voc Rehab Service.

(a) Referrals via consult are required for consideration in the following elements: CWT SE, CWT TW, CWT CBES, CWT SSE, and CWT SEd.

(b) The Voc Rehab Service provider must consult with the Veteran's medical provider(s) and clinical treatment team to ensure that vocational rehabilitation activities are consistent with the Veteran's overall rehabilitation goals, and that there are no physical or psychological contraindications.

(c) Referrals via consult are optional for Vocational Assistance.

(d) When a Veteran self-refers for vocational rehabilitation services or is referred from outside VHA, Voc Rehab Service providers work with the Veteran's Mental Health Treatment Coordinator or primary care provider to generate a consult.

(2) Medical clearance is required for the CWT elements of CWT SE, CWT TW, and CWT CBES. An appropriately credentialed VA health care provider must indicate either in the consult, an addendum to the consult, or in a progress note, that the Veteran is medically cleared and clinically suited to participate in a work activity in CWT and identify any relevant restrictions or limitations that may impact the type of work activity the Veteran engages in while participating. Medical clearance is provided by an appropriate VA health care provider within their scope of practice (e.g., Medical Doctor, Nurse Practitioner, Physician Assistant) and may be completed through review of medical records and information provided directly from the Veteran. An in-person physical exam is not required unless there are medical issues that need to be addressed for proper placement.

(3) Immunizations, Tuberculin (TB) skin tests, and urine drug screens are not requirements for program admission; however, these may be determined to be appropriate and necessary for specific work assignments. This determination is based on the nature of the work setting and assignment and not as an across-the-board requirement of participation.

(4) If any vaccination is needed, it must be provided at no cost to the Veteran and documented in the Veteran's EHR. An outpatient visit copayment may be required if the outpatient encounter includes other services for which a copayment would apply in accordance with 38 C.F.R. § 17.108(e)(11).

(5) Drug screens are used to inform participants' treatment plans and must not be used for punitive or exclusionary purposes. When there is a clinical reason to do so (e.g., worksite safety concerns), a drug screen can be requested by Voc Rehab Service providers or the VA medical facility Voc Rehab Manager. An authorized drug screen order must be placed by someone with appropriate clinical credentials as defined by the local VA medical facility and coordinated with the Veteran's treatment team. Veterans must be informed by Voc Rehab Service providers of when and why this may occur and how results will be used during the informed consent discussion.

(6) CWT TR is a primary stakeholder and referral source of CWT programs, promoting successful independent living for Veterans participating in CWT. As admission to CWT TR requires CWT enrollment, adequate and expeditious CWT services must be available, when possible, for Veterans admitted to CWT TR to

facilitate their goals of independent living and employment, provided all the requirements of 38 U.S.C. § 2032 are met. **NOTE:** *CWT TR operational guidance is listed in VHA Directive 1162.02.*

(7) Homeless Programs are a primary referral source, and Homeless Veterans Community Employment Services (HVCES) staff are essential partners in supporting Homeless Program clinicians in identifying employment-related needs and making referrals to VHA Voc Rehab. **NOTE:** *HVCES operational guidance is listed in VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016.*

#### h. **Orientation.**

(1) Veterans are oriented to the overall Voc Rehab Service and made aware that the expected outcome of treatment is recovery-oriented, meaningful competitive employment.

(2) Veterans are educated on the specific program in which they are being admitted, ensuring understanding and agreement of treatment expectations and outcomes.

(3) Appropriate Release of Information (ROI) must be secured to communicate and coordinate services with other non-clinical or community entities.

(4) Veterans must be informed that participation may affect the receipt of non-VA entitlements (e.g., Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI)), other entitlements or benefits (e.g., housing subsidy, food stamps), or result in garnishing of payments or wages to meet court-ordered obligations (e.g., child support and other forms of debt). Voc Rehab Service providers must ensure the Veteran receives the information from the benefit source. Voc Rehab Service staff may assist the Veteran in benefits planning and employment as part of a comprehensive psychosocial treatment plan.

#### i. **Disclosures to Participants and Informed Consent.**

(1) The Voc Rehab Service is committed to providing an environment that supports respect for patients and protects their right to autonomous, informed participation in CWT programs. The VA medical facility Voc Rehab provider must inform Veterans about their health care options, obtain their verbal or written consent prior to participation in CWT, and document the consent in the Veteran's EHR. For additional information, see VHA Directive 1004.01(3), Informed Consent for Clinical Treatments and Procedures, dated December 12, 2023. iMED or signed Veteran Handbooks, in addition to the EHR documentation, are best practices to obtain consent.

(2) Veterans participating in CWT TW must acknowledge that they have been educated on the potential personal tort liability in the event their negligence or actions during their therapeutic or rehabilitative work assignment cause injury or harm to another.

(3) The VA medical facility Voc Rehab Manager or providers must inform and discuss with CWT TW Veterans their potential liability during the initial treatment planning meeting. The following language must be used: "Accidents sometimes happen during CWT assignments. If you cause an injury or property damage during your assignment, you may be held liable."

(4) Veterans must be informed of any potential urine drug screenings, when and why this may occur, and how results will be used during the informed consent discussion. Veterans must be informed of their right to decline the urine drug screening and how this may affect their participation in CWT.

(5) Veterans must be informed of any potential medical testing or vaccinations required by their assignment. Veterans must be informed of their right to decline medical testing or vaccinations and how this may affect their participation in CWT.

(6) Veterans admitted to both CWT and a CWT TR must be informed of the following regarding their CWT participation and earnings:

(a) The impact on CWT earnings of their required contributions to the expenses of board and the operational costs of the residence or facility for the period of residence in such housing.

(b) Engagement in CWT services (CWT TW, CWT SE, or CWT CBES) is required during CWT TR admission to support and facilitate their goals of independent living and employment.

(7) Veterans must be informed that CWT staff may use Federal vehicles to provide transportation to the Veterans if required in delivery of community-based services if there is a clear linkage established between the need for staff-provided transportation and specific items in the Veteran's treatment plan (see 38 U.S.C. § 111A). This is not a permanent transportation service. Part of the Veteran's treatment plan must include efforts to help the Veteran progress towards independence or a long-term solution in transportation over time.

(8) Veterans must be informed about their entitlement and reporting procedures in the event of injuries while engaged in CWT. Claims involving such injuries may be processed through 38 U.S.C. § 1151 procedures (providing benefits for persons disabled by treatment or vocational rehabilitation). The Veteran submits an 1151 claim with the Veterans Benefits Administration (VBA) using VA Form 21-526EZ, Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits, and submits the form with evidence. It is not the role of CWT staff to complete this form for or on behalf of a CWT Veteran.

(a) If an injury during CWT TW occurs on VA property, Veterans do not report to Employee Occupational Health, but to the medical provider of record or an alternative provider.

(b) If an injury during CWT TW occurs off VA property, Veterans must present to the closest VA medical facility for treatment.

(c) If the injury is urgent or life-threatening and the Veteran is off VA property, Veterans must be treated at the nearest medical facility and then transported to a VA medical facility when stable.

(d) Under no circumstance may a Veteran return to work after an injury without medical clearance. A new medical clearance is required after any injury. A medical condition requiring hospitalization also requires a medical clearance prior to the Veteran's return to work.

(e) If a Veteran requires emergency treatment while participating in CWT program settings, the costs of such treatment provided at non-VA facilities may be authorized and paid by VA if certain conditions are met. **NOTE:** Refer to 38 U.S.C. § 1725 and implementing regulations at 38 CFR 17.1000-.1008 or 38 U.S.C. § 1728 and implementing regulations at 38 CFR 17.120-.132.

(f) Participants in VA and community-based CWT TW assignments are patients in a rehabilitation program and are not classified as Federal employees, in accordance with Title 38 U.S.C. § 1718(a). As such, they are not entitled to Federal Office of Worker's Compensation Program (OWCP) coverage. Participants in CWT SE and CWT CBES are competitively employed, however, and may be eligible for compensation through their employer's worker's compensation program and should consult with their employer.

(g) If there is a patient safety incident, close call, or hazardous or unsafe condition, Voc Rehab Service providers must complete a Joint Patient Safety Report (JPSR). Voc Rehab Service providers do not file an Employees' Compensation Operations and Management Program (ECOMP) claim.

j. **Accreditation.** The Voc Rehab Service at each VA medical facility must meet relevant healthcare accreditation standards as a means of demonstrating clinical excellence. For additional information about external healthcare accreditation, see the [VHA Office of Quality and Patient Safety External Accreditation website](#). **NOTE:** This is an internal VA website that is not available to the public.

k. **Performance Outcomes, Productivity, and Data Capture.**

(1) Effective delivery of vocational rehabilitation services requires non-relative value unit (RVU) generating activities that are necessary and essential functions of the job and must be considered in evaluating individual staff productivity as an employee within the Voc Rehab Service. In accordance with VHA Directive 1161, Productivity and Staffing in Clinical Encounters for Mental Health Providers, dated April 28, 2020, the VA medical facility Voc Rehab Manager must develop individual local productivity targets that consider the nature of the program assignment, type of work to be performed (e.g., job development with the patient not present, driving time for employer contacts), and Current Procedural Terminology (CPT) coding expectations.

(2) Voc Rehab services are exempt from the bookable hours standards and appointment length standards. **NOTE:** See the [VHA Bookable Hours and Appointment Standard Length SharePoint](#) for a listing of exempted services. This is an internal VA website that is not available to the public.

(3) Mental Health Coding Guidelines provide current stop codes, diagnosis, and CPT codes. Voc Rehab Service providers must refer to current year terminology and codes contained in the Voc Rehab Service coding guidance tab located in the Mental Health Coding Guidelines OneNote on the [Mental Health Business Operations SharePoint](#). **NOTE:** This is an internal VA website that is not available to the public.

(4) NEPEC, in collaboration with the Voc Rehab Service program office, is responsible for developing and implementing program evaluation and outcome measures for the Voc Rehab Service, analyzing the data it receives, and communicating the findings to the local VA medical facilities (see Director, NEPEC responsibilities in paragraph 2). Voc Rehab Service providers are required to actively participate, including timely submission of all required information requested.

I. **Clinical Documentation.** VA medical facility Voc Rehab Service providers are responsible for ensuring clinical documentation in the EHR, including:

(1) **Intake.** The intake documents information gathered to formulate service recommendations, in response to the consult or referral.

(2) **Assessment.** The assessment compiles information from various sources that is used to inform service delivery and recommendations. This may take various forms depending on the service, including the Vocational Assessment Profile (VAP), vocational evaluations, and biopsychosocial assessments. Assessments include career development needs and goals.

(3) **Treatment Plan.** A treatment plan is developed in partnership with the Veteran, the Veteran's primary treatment team, and the VA medical facility's Voc Rehab Service providers. The initial plan is completed within the timeframe established by local VA medical facility procedures and is further developed as the Veteran engages in a service modality. It is updated whenever a significant change in treatment intervention or clinical status occurs. The treatment plan is a living document and must be updated regularly. The plan must include the following elements:

(a) The Veteran's vocational goals as stated in the Veteran's own words, including longer term career goals and training needs.

(b) The Veteran's strengths, needs, abilities, and preferences and any needs for accommodation as identified by the Veteran, the Veteran's primary treatment team, and the Voc Rehab Service providers.

(c) Integrated assessment with information contributed by all VA health care providers, the Veteran, and collateral contacts when available.

(d) Measurable objective(s) to achieve the Veteran's stated vocational goal.

(e) Strategies for meeting each objective with target dates and individuals identified as responsible for participating in the achievement of the identified activity.

(4) **Progress Notes.** Progress notes must reflect the Veteran's experiences, perceptions, progress toward treatment goals, and be individualized to the Veteran's needs and preferences. Progress must be documented in the EHR for each encounter.

(5) **Discharge Note.** In preparation for discharge, benefits counseling, transfer of care, follow-up plans, and other stepdown supports must be addressed. When the decision has been made to discharge a Veteran from the Voc Rehab Service, a formal discharge note must be entered into the EHR. This note must contain:

(a) The course of treatment (services provided).

(b) Summary of goals and progress made toward those goals.

(c) Discharge recommendations based on the how the Veteran engaged in services and the outcome of treatment.

(d) Records of Veterans who have obtained competitive employment must contain the following information:

1. Place of employment;

2. Job title;

3. Rate of pay and fringe benefits;

4. Date on which employment began.

(6) **Follow-Up Notes.** Follow up notes capture employment status, progress, and needs after a Veteran has left services.

#### 4. VOCATIONAL REHABILITATION SERVICE COMPONENTS

Voc Rehab Service providers must be knowledgeable about all available Voc Rehab Service elements for appropriate consultation, assessment, and disposition. The Voc Rehab Service includes Vocational Assistance and CWT (SE, CBES, TW, SEd, and SSE).

a. **Vocational Assistance Services.** Vocational Assistance is provided on an individual or group basis and is designed to assist Veterans with basic aid or professional interventions, such as vocational counseling, general educational counseling, assessment, vocational evaluation, guidance, job search skill development, job retention skill development, and referrals, in order to return to competitive employment. Vocational Assistance services can be provided as a standalone service or in conjunction with CWT services. Additionally, Vocational Assistance services may

be embedded within a service (e.g., MH RRTP) while aligned under the Voc Rehab Service. The Vocational Assistance stop code must be utilized as the primary stop code; a secondary stop code can be utilized to indicate the program the service was provided within (e.g., MH RRTP, SCI/D).

(1) Veterans may self-refer by directly contacting the Voc Rehab Service. They may also be referred via consult. When self-referred, Voc Rehab Service providers must document the encounter in the Vocational Assistance stop code in the Veteran's EHR.

**NOTE:** *Veterans who need more intensive job development or employment support services than Vocational Assistance offers must be referred to the appropriate CWT program based on the therapeutic need and desires of the Veteran.*

(2) Vocational Assistance consists of vocational assessment and evaluation, vocational counseling, and community resource utilization and may include the following supports and services:

(a) Vocational Intake, Assessment, and Evaluation.

1. Assessment of the vocational rehabilitation needs of eligible Veterans and triage to the recommended Voc Rehab Service component.

2. Translation of military skills to civilian occupations.

3. Interest, achievement, or aptitude testing (including, but not limited to, assessment of Veteran's literacy level and needs).

4. Assessment of functional limitations, their impact on employment, and the need for accommodations.

(b) Vocational Counseling.

1. Resume and job seeking skills assistance.

2. Labor market analysis of job goals.

3. Groups: Job Club, Job Seeking Skills, Maintaining Employment.

4. Counseling to develop skills to obtain or maintain employment.

(c) Referrals for Community Resource Utilization.

1. Referral to and collaboration with job resources, Department of Labor services, Disabled Veterans' Outreach Programs (DVOPs), Local Veterans' Employment Representatives (LVERs), and community employment services.

2. Assistance with navigating access to community services and education, including higher education coordinators.

3. Referral to VBA for Veteran Readiness and Employment (VR&E) services.

4. Referral to state vocational rehabilitation services.
5. Referral to the appropriate agency for assistance with benefits counseling.

(d) Advocacy in Employment.

1. Promoting self-advocacy with Veterans.
2. Providing advocacy for Veterans when appropriate.
3. Teaching how to request a Reasonable Accommodation when clinically needed.

(e) Voc Rehab Outreach and Engagement.

1. Voc Rehab Service providers may provide outreach and engagement to identify and inform Veterans about vocational rehabilitation services available through VHA. This may include outreach strategies such as presentations to community employers and agencies, and presence at Veteran events.

2. Voc Rehab Service providers may also provide services following the Supported Employment: Engage and Keep (SEEK) research-based protocol as an early intervention for employed Veterans with vocational challenges secondary to clinical or other concerns. This SEEK-based Voc Rehab Outreach and Engagement service aims to help Veterans keep the job they have, thereby preventing job loss and the subsequent cascade of functional decline. This intervention consists of:

- a. Proactive outreach and engagement, directly with Veterans or indirectly through Veteran organizations or employers that hire Veterans;
- b. Facilitating Veterans' connection to needed VA and community-based services;
- c. Providing vocational services focused on job maintenance; and
- d. Providing education and consultation to employers and community members about Veterans' needs.

3. Veterans may be referred to other Voc Rehab Service components in accordance with their support needs and treatment goals.

4. Voc Rehab Service staff utilize the Vocational Assistance stop code for Outreach and Engagement activities.

**b. Compensated Work Therapy.** CWT utilizes therapeutic work, employment experiences, and career development as a clinical intervention in which the participating Veteran receives remuneration for the work performed. CWT includes SE, TW, CBES, SEd, and SSE. SE and CBES both have a goal of immediate job search for competitive employment and follow the practices and principles of the evidence-based IPS model. While TW, SEd, and SSE do not have a goal of immediate competitive employment, all

CWT services have competitive employment as the targeted outcome of services. Veterans may participate in CWT simultaneously with Vocational Assistance. For more information about the IPS model, see the [Voc Rehab SharePoint, IPS Section](#). **NOTE:** *This is an internal VA website that is not available to the public.*

**(1) Compensated Work Therapy Supported Employment.**

(a) CWT SE adheres to the evidence-based practice of IPS. IPS is a well-defined model demonstrated to substantially increase competitive employment for people who have severe disabilities and a demonstrated inability to gain or maintain competitive employment. **NOTE:** *Within this directive, the IPS model is detailed here in the CWT SE section. It is not repeated in the CWT CBES section; rather, it is noted that CBES follows the IPS model, and any specific areas of differences are noted.*

(b) CWT SE provides the most highly intensive service to specific Veteran populations and targeted treatment teams.

(c) CWT SE is a face-to-face service due to the intensity of clinical supports provided. CWT SE assists Veterans to obtain meaningful, paid, competitive employment and provides necessary ongoing support while Veterans are still active in their treatment toward overall rehabilitation and recovery. Veterans with significant barriers to competitive work can engage in full- and part-time employment with appropriate supports and workplace accommodations.

(d) CWT SE is intended for Veterans with significant barriers to employment who, because of the severity of their disabilities, would not be able to function independently in employment without intensive, ongoing support services. The severity of their functional impairment may be due to psychosis or other severe mental illnesses, Post-Traumatic Stress Disorder (PTSD), substance use disorder (SUD), or physical disabilities such as Traumatic Brain Injury (TBI) or SCI. **NOTE:** *Additional information on serving various specialty populations in CWT SE is available on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.*

(e) Veterans are not precluded from CWT SE because of the lack of prior work history, substance use, active symptoms, level of disability, legal history, or vocational goal. The CWT SE goal is competitive integrated employment.

(f) CWT SE must be considered by all VA health care providers early in treatment as an integral component of treatment and recovery for those Veterans interested in returning to work.

(g) Required CWT SE elements include the following:

1. As an evidence-based service for individuals with psychosis, VA medical facility Voc Rehab Managers must ensure CWT SE services for Veterans with psychosis are maintained while promoting expansion to additional Veteran populations, for example TBI, SCI, PTSD, and SUD.

2. CWT SE providers are key clinical members of treatment teams for Veterans receiving CWT SE services. CWT SE staff provide the following core CWT SE services:

a. Support to Veterans to find jobs appropriate for their interests and abilities as quickly as possible, which includes identification and addressing of employment barriers, facilitation of workplace accommodations, and provision of ongoing community-based support.

b. Carry out all six phases of SE (i.e., SE intake/orientation, engagement, assessment, job development/placement, job coaching, and follow-along support). CWT SE staff provide only SE services.

c. Make six face-to-face employer contacts per week to develop relationships and competitive job opportunities for Veterans. These contacts must be documented both in the Veteran's EHR, as appropriate, and an Employer Contact Log.

d. Spend 65% of their scheduled work time in the community engaging Veterans in their job search, community networking, and developing relationships with employers. These activities are in conjunction with the Veteran or performed on behalf of the Veteran. **NOTE:** *CWT SE is a face-to-face, one-on-one service. Virtual and telephone visits may supplement but must not replace face-to-face contact. Additionally, SE providers do not conduct vocational groups.*

e. Use assertive engagement and outreach techniques to accommodate Veterans who may have some reluctance to engage in the job search process or who miss appointments. Service termination is not based on missed appointments or fixed time limits. The CWT SE providers utilize multiple strategies to assertively engage Veterans including phone calls, scheduling regular meetings with Veterans in settings of their choosing, engagement and outreach attempts made by integrated team members, multiple home/community visits, coordinated visits by CWT SE providers with integrated team members, and connecting with family.

f. Provide or coordinate ongoing individualized Veteran benefits counseling to address the impact of work on their VA, Social Security, housing, and other benefits the Veteran may be receiving. The benefits counseling must be provided by individuals with specific training in benefits counseling or from the source of benefits.

g. After the initial intake assessment, conduct a VAP. The VAP is completed over multiple sessions with the Veteran with input from the clinical team and is documented in the Veteran's EHR. Veterans are encouraged to involve significant people in their lives in the assessment process, such as family and friends. The VAP addresses interest areas, personality traits, life experiences, strengths and skills, barriers, and work environments. The VAP also provides direction on what vocational supports are needed and how they will be provided. The VAP describes the Veteran's optimal employment situation, factoring in symptom management and clinical consensus. The VAP is an ongoing assessment and must be updated frequently to reflect new information.

h. Develop vocational goals for inclusion in the Veteran's integrated treatment plan.

i. Function as a full member of the specific treatment teams their services are integrated into with shared decision making. This includes attending clinical treatment team meetings weekly, talking and consulting with individual clinicians as needed, and "additionally signing" the Veteran's EHR notes.

j. As the Veteran's job search begins, have several face-to-face contacts with the Veteran per week; engage in community networking, job development and employer negotiations; and assist with job interviews.

k. As the Veteran begins a job, provide face-to-face contact within 1 week before starting the job, within 3 days after starting the job, weekly for the first month, and at least monthly for a year or more on average, after working steadily and desired by Veterans and as clinically indicated for follow-along support.

l. When a Veteran becomes employed, assess the need for job accommodations or job coaching in collaboration with the Veteran and the Veteran's employer and, if needed, coordinate job accommodations with the Veteran and the employer.

m. If job coaching is needed, work side by side with the Veteran as the Veteran learns the tasks of the job and acclimates to the work environment. Frequency of contact will gradually decrease based on the Veteran's need for support and the ability to engage natural supports.

n. As the Veteran continues in a job, provide follow-along supports to the Veteran that are time unlimited as long as the Veteran has a clinical need (determined by the Veteran, CWT SE, and the clinical team), desires support, and is engaged in CWT SE services.

o. Assist the Veteran to develop natural supports.

3. Jobs as Transitions: the concept of "Jobs as Transitions" is a critical component of ongoing support. All employment is considered a success. Veterans may lose their jobs from time to time for a variety of reasons. If a Veteran loses their employment, regardless of the reason, CWT SE providers continue to assist that Veteran to seek new competitive employment opportunities. Additionally, Veterans who are successful may desire increased hours or promotional opportunities. CWT SE providers will continue to assist Veterans to develop their careers by providing support to obtain better employment opportunities.

4. Discharge Planning. As the Veteran prepares to discharge from CWT SE based on reduced clinical need, stability on the job, or the desire of the Veteran, CWT SE providers must:

a. Discuss discharge planning with the Veteran's treatment team, including coordinating stepdown support provided by the treatment team and through natural supports.

b. In preparation for discharge, have face-to-face sessions with the Veteran to address benefits counseling, transfer of care, follow-up plans, and other stepdown supports.

## **(2) Compensated Work Therapy Community Based Employment Services.**

(a) CWT CBES is evidence-informed by the IPS model and provides services to a broader population in a more flexible manner based on the individual Veteran's need for support. CBES is a CWT service, available at some VA medical facilities, for Veterans that do not have a clinically indicated need for CWT TW or CWT SE. CWT CBES follows the conceptual model located on the [VHA Vocational Rehabilitation Policy Support Page](#). **NOTE:** *This is an internal VA website that is not available to the public.*

(b) CWT CBES follows the principles of IPS. Those principles can be found on the [VHA Vocational Rehabilitation Policy Support Page](#). **NOTE:** *This is an internal VA website that is not available to the public.* CWT CBES providers follow the IPS-derived elements of CWT SE as listed in paragraph 4.b.(1) of this directive with the following variations:

1. Veterans may receive some or all of the vocational supports described in CWT SE. Vocational supports will be provided at varying intensities of service to meet the Veteran's support needs.

2. CWT CBES providers coordinate care with the Veteran's clinicians but do not need to be full members of an integrated clinical team as with CWT SE. The CBES staff and clinical providers meet to discuss the Veterans' employment and clinical needs. The CBES and clinical providers "additionally sign" the Veteran's EHR notes and meet as often as necessary to share clinically relevant information and ensure coordinated care.

3. The CBES staffing ratio is 1:30 staff to Veterans and referrals are not limited to specific treatment teams.

## **(3) Compensated Work Therapy Transitional Work.**

(a) TW is a clinical component of CWT which provides participants with work restoration services in actual work settings with compensation. The goal of CWT TW is to provide recovery-oriented, vocational rehabilitation supports and resources needed to help a Veteran develop the skills to successfully transition into and maintain meaningful, competitive employment. While competitive employment is the expected outcome of participating in CWT TW, it is not the immediate goal. TW assignments may be provided in a variety of work environments in the community, another Federal entity, or on VA medical facility property. Work assignments must be diverse and include a wide variety of job types and are individualized to each Veteran's recovery goals, needs, skills, interests, and job goals.

(b) CWT TW participants are assessed for their work and educational history, interest areas, personality traits, life experiences and supports, preferred work environments, strengths, abilities, employment barriers, and work limitations and restrictions. CWT providers then match the Veteran to a work assignment for an individualized period deemed clinically appropriate to address barriers to employment in order to achieve the customized goals in the treatment plan. CWT TW assignments can vary in hours to mirror the goal of the Veteran (full-time or part-time). CWT TW providers meet with the Veteran at minimum every 2 weeks to provide feedback from the worksite and vocational counseling to track progress towards the Veteran's treatment goals.

(c) In accordance with 38 U.S.C. § 1718, program participants must not be held or considered as employees of the United States (U.S.). VHA staff may not subject program participants to criminal background investigations, including fingerprint checks, as a condition of their participation in CWT, even with the Veteran's consent.

(d) CWT TW providers must provide a wide range of required support that includes:

1. Developing and maintaining close and collaborative working relationship with the participating organizations and CWT TW worksite supervisors.

2. Observing and documenting the progress of Veterans at the worksite a minimum of every 2 weeks to ensure it is a positive TW assignment and observing the quality and quantity of work performed.

3. Providing regular support and feedback during individual vocational counseling sessions at least every 2 weeks. The use of professional counseling practices such as Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), and Rational Emotive Behavioral Therapy (REBT) techniques are encouraged throughout programming, within the provider's scope of practice.

4. Providing access to regular support and feedback during group vocational counseling sessions. Strong practice involves pre-placement, during, and post-placement groups at least every 2 weeks to address job getting, workplace issues, and job retention. These groups are provided through Vocational Assistance.

5. Providing annual worksite supervisors training.

6. Developing an internal performance assessment process for each Veteran participating in the CWT TW program, based on input from the Veteran, CWT TW providers, and the participating worksite.

7. Providing formal and informal feedback to the Veteran on workplace performance and behaviors. Feedback must be provided regularly and used to inform treatment planning and clinical interventions. Feedback received must be documented in the Veteran's EHR by CWT TW providers. **NOTE:** *Sample performance assessment/profile tools are available on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.*

8. Providing a range of job search support for Veterans. Such services can include, but are not limited to, assistance with completion of job applications, job leads, support and use of a CWT computer lab, resume development, interview preparation, keeping/reviewing job logs, and limited job development.

9. Providing a range of job retention skill development that includes, but is not limited to, assertive communication skills, accepting and implementing feedback, working well with others, hygiene, incorporating healthy living habits, mindfulness, coping skills, problem solving skills, and promoting recovery into daily living.

10. Helping Veterans acquire other skills that may include, but are not limited to, developing a working budget (e.g., paying bills, debt repayment plans, and saving for the future), setting personal future-oriented recovery goals, and industry trade technical skills.

11. Providing career development planning for future, long-term goals that may require formal education or training.

(e) Payment for Work Performed:

1. Payment for work performed is based on an hourly wage. 38 U.S.C. §1718(c)(2), establishes the base rate of pay as no lower than Federal minimum wage law; however, in locations where the city, county, or state minimum wage exceeds Federal minimum wage law, the higher wage must be utilized as the base rate for determining hourly pay.

2. Hourly wages must be no less than the base rate and must be reviewed and adjusted annually in relation to prevailing wage rates for similar work in the community. Occupational Employment and Wage Statistics published annually by the U.S. Bureau of Labor Statistics provides prevailing wages by metropolitan and nonmetropolitan areas.

3. Pay periods must be weekly or every 2 weeks by direct deposit.

(f) Compensated Work Therapy Transitional Work Partnerships through Memoranda of Agreement and Memoranda of Understanding.

1. CWT TW partnerships are developed through Memoranda of Agreement (MOAs) with local businesses and governmental entities such as city, county, state, or Federal government agencies, including VA. The MOAs are developed by CWT TW providers and are signed at the VA medical facility level by the Voc Rehab Manager.

2. MOAs are reviewed at least annually by the VA medical facility Voc Rehab Manager.

3. MOAs must delineate the terms of agreement between the VHA CWT TW program and the participating organization. MOAs include, but are not limited to, the work assignment(s), duties to be performed, and reimbursement of funds. **NOTE:** MOA

templates are provided on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.

4. MOA templates must include the following language, as reviewed and approved by OGC, and cannot be modified: "The United States is only liable for the negligent acts and omissions of Federal employees. Because CWT patients are not Federal employees, the United States cannot be responsible for any damages caused by them during their CWT assignments."

5. Pursuant to guidance from VA OGC and the VHA Office of Finance, CWT TW charges an overhead to cover the full cost of the product or service being provided and must include indirect costs reflective of program operational needs and reserves for payment of earnings to Veterans, including those incurred for common objectives which cannot be directly charged to a single cost objective. This overhead cost is reflected in the MOA's billing rate. The billing rate is comprised of the hourly Veteran pay rate plus the overhead costs.

6. These MOAs are not subject to the provisions of VA Acquisition Regulation (VAAR, 48 C.F.R. Chapter 8) or Federal Acquisition Regulation (FAR, title 48, Code of Federal Regulations, Federal Acquisition Regulation).

7. OMH's Voc Rehab Service program office is available for consultation on MOA development and content at [PSRHQ@va.gov](mailto:PSRHQ@va.gov).

8. National Memoranda of Understanding (MOUs) are valuable tools to support the work of CWT programs across the country. National MOUs and partnerships can be viewed on the [VHA Vocational Rehabilitation Policy Support Page](#). **NOTE:** This is an internal VA website that is not available to the public.

(g) CWT TW Participant Liability.

1. Because a participant in CWT TW is not a government employee, they may be personally liable for damages they cause during their CWT assignment. Veterans must be informed of their potential liability during the initial treatment planning meeting and the discussion must be documented in the EHR. VA medical facility Voc Rehab Managers and staff must ensure that the following language is used when informing Veterans verbally and in writing of their potential liability: "Accidents sometimes happen during CWT TW assignments. If you cause an injury or property damage during your assignment, you may be held liable."

2. This language must be used in:

- a. Orientation materials for CWT TW participants or those seeking CWT services;
- b. Program handbooks for Veterans;
- c. Orientation to a TW assignment at the time of placement;

d. Local program procedure documents; and

e. VA or other Federal agency CWT TW worksite supervisor training materials.

(h) Transportation.

1. Veteran participants in CWT TW are not allowed to drive on-the-road licensed Federal vehicles. Veteran participants are not covered under the Federal Torts Claims Act, and therefore are not authorized to drive a Federal vehicle.

2. Veterans assigned to CWT TW may, as part of their work assignment, operate VA-owned equipment not associated with a vehicle license (e.g., lawn mower, weed whacker, snow blower) on VA medical facility property based on assessment of risk by the VA medical facility Voc Rehab Manager with the written concurrence of the VA medical facility Director.

3. A plan for operating VA-owned equipment on VA medical facility property must be documented in the Veteran's medical record by CWT TW providers and shared with the treatment team where applicable.

4. Veterans must be informed by CWT TW providers of the potential for their personal liability for accidents or damages incurred through their operation of such equipment or off-road vehicles while in CWT TW. CWT TW providers must document that the Veteran was informed and understands in the Veteran's EHR.

5. CWT may not purchase insurance for liability of Veteran participants operating equipment at the VA medical facility or in community CWT TW assignments.

6. Veterans must not be assigned to drive other Veterans to and from a job site in a personally owned vehicle. Veterans can make personal arrangements for their transportation needs with other Veterans as part of a natural support system outside the purview of the CWT TW program.

7. In the case of CWT TW MOAs with community organizations, participating organizations may wish to have participants drive their company owned vehicles. In such cases, the following precautions must be taken:

a. The CWT TW providers must ensure the Veteran agrees to drive as part of the assignment, or another assignment must be offered.

b. The CWT TW providers must obtain medical clearance specific for a work activity that involves driving.

c. The CWT TW worksite must ensure that the Veteran possesses a valid state driver's license that has not been suspended. The MOA with the participating community organization must include the requirement to demonstrate to the VA medical facility Voc Rehab Manager that they maintain adequate insurance which would cover the Veteran in the case of accident, injury, or damage to the organization's goods.

d. The MOA with the participating community organization must address vehicles owned by the participating community organization be safety inspected per state requirements and be equipped with first aid and safety equipment.

#### **(4) Compensated Work Therapy Supported Self Employment.**

(a) The provision of CWT SSE has a strong relationship to IPS principles. The goals of CWT SSE are to assist Veterans participating in CWT to achieve successful self-employment consistent with their career goals. Any Veteran served in CWT who indicates a desire for self-employment is offered CWT SSE by CWT providers if the service is available in the CWT program. SSE provides Veterans the following:

1. Specific knowledge and skills necessary for self-employment,
2. Mentor support from those whose have achieved self-employment success, and
3. Information about funding sources which can assist with the enterprise. CWT SSE providers facilitate connections to community resources that provide guidance on business practices, training, networking opportunities, and linkages with community financial institutions that can assist Veterans interested in self-employment.

(b) CWT SSE requires intensive integration of clinical supports between the CWT provider and the clinical team providing services to the Veteran. Intensity and frequency of face-to-face contact must follow the IPS model for all Veterans in CWT SSE.

(c) CWT providers ensure that Veteran preferences dictate the type of business development that CWT SSE supports and that this support is provided on an ongoing basis for as long as it is needed by the Veteran.

(d) CWT SSE is an intensive model. For general information and referrals to resources to assist with self-employment, refer to Vocational Assistance services.

#### **(5) Compensated Work Therapy Supported Education.**

(a) CWT SEd may be provided as a stand-alone service or in combination with another CWT component. Vocational and educational goals are often interrelated, and education plays an important role in Veteran career development. Mental health, medical, and psychosocial conditions may present barriers to enrolling in, sustaining, and completing an educational program. CWT SEd provides clinical vocational rehabilitation support, based on the Choose-Get-Keep model of psychiatric rehabilitation and the principles of IPS, applied to an educational setting. A manual for SEd implementation is available on the [VHA Vocational Rehabilitation Policy Support Page](#) and the [Voc Rehab SharePoint, SEd Section](#). **NOTE:** *These are internal VA websites that are not available to the public.*

(b) CWT SEd provides individualized supports for Veterans engaged in education and training programs and linkages with educational facilities that support Veterans to

successfully achieve their training and employment goals. Individualized support may include services such as:

1. Educational and vocational assessment;
2. Cognitive rehabilitation;
3. Identifying a vocational goal based on a labor market analysis of vocational interests, career trends, projected wage upon graduation, graduation and placement rate of students from the colleges or universities in consideration, and the projected time and cost of education;
4. Assistance with connecting with college or university disability services;
5. Assistance in utilizing other VA educational benefits as well as state vocational programs;
6. Assistance with identifying and acquiring needed academic accommodations;  
and
7. Assistance with developing organizational and other skills necessary for academic success.

(c) CWT SEd may collaborate with Veterans Integration to Academic Leadership (VITAL) to provide SEd to Veterans at designated academic institutions, or may be provided as a mobile SEd service, independent of a specific academic institution. As a mobile SEd service, the Veteran selects their education site, and the SEd staff provide support, assistance, and problem-solving to the Veteran at the educational institution or other community-based location.

(d) CWT SEd is an intensive, community-based model. For general educational assessment, counseling, and referrals, refer to Vocational Assistance services.

## **5. COMPENSATED WORK THERAPY FINANCIAL ASPECTS**

a. A Veteran's participation in CWT cannot be used to reduce, deny, or discontinue VA compensation or pension. Pursuant to 38 U.S.C. § 1718(g)(2)(B), a Veteran's participation in or receipt of a distribution as a result of participation in an activity carried out under 38 U.S.C. § 1718 may not be considered as a basis for denial or discontinuance of a rating of total disability for the purposes of compensation or pension based on the Veteran's inability to secure or follow a substantially gainful occupation as a result of disability.

b. Pursuant to 38 C.F.R. § 3.343(c)(1), neither participation in nor the receipt of remuneration as a result of participation in a therapeutic or rehabilitation activity under 38 U.S.C. § 1718 shall be considered evidence of employability in relation to individual unemployability determinations for continuation of total disability ratings. Additionally, pursuant to 38 C.F.R. § 3.342(b)(4)(ii) for permanent total disability ratings for pension

purposes, the following shall not be considered as evidence of employability: participation in, or the receipt of a distribution of funds as a result of participation in, a therapeutic or rehabilitation activity under 38 U.S.C. §1718.

c. For the purposes of 38 U.S.C. Chapter 15, a distribution of funds and a payment made to a Veteran under a program of rehabilitative services authorized by 38 U.S.C. § 1718 are considered to be a donation from a public or private relief or welfare organization and are not included in determining annual income. See 38 U.S.C. § 1718(g)(3). **NOTE:** *This references Veterans in the CWT TW. Donations from public or private relief, welfare, or charitable organizations are not included on VA Form 10-10EZ, Instructions For Completing Enrollment Application For Health Benefits, in determining eligibility and copays.*

d. Payments to participants in CWT TW are not considered income for VA compensation, pension, means testing, Social Security, or Internal Revenue Service (IRS) purposes (see [IRS Internal Revenue Bulletin: 2007-49](#)). **NOTE:** *The IRS considers TW income non-taxable Veteran benefits; therefore, VA does not withhold Federal Insurance Contribution Act (FICA) tax, nor does it issue a Form 1099. See the [Social Security Administration Program Operations Manual System \(POMS\)](#).*

e. The Fair Labor Standards Act, 29 C.F.R. part 525, wage guidelines are followed in paying participants in all CWT TW settings. This requires that wage rates paid to workers with disabilities are commensurate with those paid to experienced workers who do not have disabilities that impair their performance. Commensurate wage rates must be analyzed by the VA medical facility Voc Rehab Manager in the context of the industry in the vicinity for essentially the same type, quality, and quantity of work.

f. Earnings from CWT SE and CWT CBES are from competitive employment. These earnings are not considered income for VA compensation or pension purposes but are taxable based on applicable IRS regulations and are considered income for Social Security benefits purposes. **NOTE:** *VA benefits protection is only for Veterans actively engaged in CWT Voc Rehab treatment as authorized by 38 U.S.C. § 1718.*

(1) Participants in CWT SE and CWT CBES receive pay directly from the employer. The Veteran receives a Form W-2 (Wage and Tax Statement) from the employer.

(2) For information on how to treat this income for purposes of Social Security, see the [Social Security Administration POMS](#).

**g. Compensated Work Therapy Account Operations.**

(1) CWT Account 5287.07 (Medical Care Costs Fund (MCCF) Account) is a dedicated account comprised of funds collected from participating companies and governmental organizations for the value of work performed by Veterans participating in CWT activities. Funds generated by the labor of Veterans participating in CWT TW services must be deposited in the CWT Account. There are no exceptions.

(2) CWT Account funds can be utilized only for supporting the operation of CWT programs. The VA medical facility Voc Rehab Manager is responsible for the use of these funds, subject to any fiscal and acquisition regulations that may apply.

(3) Local VA medical facility Finance Office staff monitors this account, performing monthly reconciliations and annual audits. In coordination with the VA medical facility Finance Office and Allocation Resource Center (ARC), VA medical facility Voc Rehab Managers receive monthly reports from the VHA Office of Finance on CWT deposits and account balances. In collaboration with the VA medical facility CFO, Voc Rehab Managers monitor the expenditures and revenues to ensure timely and accurate accounting of Veteran CWT TW payrolls, bills of collection, account balances, appropriate expenditures, and approved budgeting procedures.

#### h. **Budgeting, Costing, and Internal Controls.**

(1) Each VA medical facility Voc Rehab Manager develops an annual budget in collaboration with the VA medical facility CFO that is reviewed at least quarterly.

(2) If the CWT Account is not solvent at any point in the FY, the VA medical facility's CFO must allocate funds to the CWT Account to ensure that CWT TW Veteran payroll and CWT obligations are met and any advanced funds are repaid. CWT TW clinical services must not be interrupted due to lack of funds available in the CWT Account.

(3) In the absence of yearly carryover funds in the CWT Account, CWT programs may receive a 2-month advance (advanced funds) in October to cover Veteran CWT TW payroll and program needs at the beginning of the FY. Throughout the FY, Voc Rehab Managers monitor the CWT Account and periodically audit payroll, billing, and expenses to ensure program solvency and that the advanced funds provided are available to be returned in the fourth quarter of each FY to VHA's Office of Finance.

(4) After all advanced funds are returned, the VA medical facility CFO and Voc Rehab Manager review remaining funding to determine if funds can remain in the CWT Account to benefit Veterans in the next FY, be returned to the VA medical facility, or if additional funding is needed for the program. **NOTE:** *The CWT Account is a "No Year" fund. Funds in the CWT Account do not have to be "swept" at the end of the FY.*

(5) CWT Account funds must not be utilized for non-CWT purposes or returned to the VA medical facility without concurrence from the Voc Rehab Manager or prior to fourth quarter.

(6) The Voc Rehab Service must have access to a government purchase cardholder, recommended to be Voc Rehab Service staff, to purchase supplies. Cardholders and approving officials must comply with all Acquisition and Material Management's (A&MM) and Finance policies and procedures for use of purchase cards. See [VA Financial Policy Volume XVI, Charge Card Programs](#).

(7) VA medical facility Voc Rehab Managers authorize expenses using the CWT Account for basic operational expenses for CWT programs including, but not limited to:

(a) Veteran payments (payroll) in CWT TW.

(b) Purchase of supplies, equipment, tools, transportation services, accommodations, information technology including internet access, marketing materials, and office equipment necessary to provide therapeutic rehabilitation services in the CWT programs. **NOTE:** *All purchases must also be allowed in accordance with [VA Financial Policy Volume II, Appropriations Funds and Related Information, Chapter 04, Awards, Ceremonies, Food or Refreshments, Gifts or Mementos](#), dated August 31, 2017. Purchases of VA Office of Information and Technology and non-networked computers must follow VA Directive 6008, Acquisition and Management of VA Information Technology Resources, dated January 6, 2023.*

(c) Career development support.

1. Before using the CWT Account for career development support for participating Veterans, CWT staff must explore all alternate funding resources that the Veteran may qualify for. Funding sources may include, but are not limited to, VBA Veteran Readiness and Employment Services (VR&E), the GI Bill, their state's vocational rehabilitation services, and scholarships or grants. **NOTE:** *VA medical facility Voc Rehab Managers are encouraged to be resourceful instead of defaulting to the use of CWT Account. CWT TW payroll needs must be met before the CWT Account can be used for other approved purchases such as assistance with training costs.*

2. When used for Veteran career development, the training must be short term and part of a vocational goal within the interdisciplinary treatment plan, documented in the Veteran's EHR, and the training must have a direct correlation to achievement of a career goal. Short term training includes certificate or technical programs of less than 1 year. Short term training does not include longer term education programs such as associate, bachelor, or master's level diplomas.

(d) Purchase of safety items and personal protective equipment such as steel-toe boots, weather protective gear, hearing protection, goggles, or respirators as needed for CWT TW worksites.

(e) Voc Rehab Service staff travel, per diem expenses, and educational expenses for purposes directly related to CWT program operations and vocational rehabilitation service delivery. Education expenses may include but are not limited to: Commission on Rehabilitation Counselor Certification (CRCC) pre-review fees for staff with qualifying related degrees under CRCC's category 3, education and training courses necessary to obtain and maintain Certified Rehabilitation Counselor (CRC) certification, and other relevant conferences and trainings.

(f) CWT contracted services authorized by 38 U.S.C. § 1718, such as job development, placement, and support; procurement of CWT TW sites; CWT TW payroll services; and other contracted vendor services for CWT.

(8) VA medical facility Voc Rehab Managers cannot authorize expenses using the CWT Account for:

(a) Travel, per diem expenses, and educational expenses for staff members of collaborating treatment teams (non-Voc Rehab Service staff members).

(b) Exam and renewal fees for certifications or licenses that are a basic requirement in a VA qualification standard. **NOTE:** *An example of fees not authorized include CRC exam and renewal fees, as CRC certification is a basic requirement in the GS-0101 RC qualification standards.*

(c) Purposes not directly related to Voc Rehab Service operations.

(d) Rent, utility costs, and similar expenses related to program operations. Funds for those purposes cannot be withdrawn from the CWT Account by a VA medical facility.

(e) Clothing items for individual Veterans. **NOTE:** *For more information, see the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA webpage that is not available to the public.*

(9) Up to 1% of the previous FY's CWT TW collections from each VA medical facility's CWT Account is allocated to the national Voc Rehab Service program office. These funds are used by the Voc Rehab Service program office for national program enrichment purposes such as conferences, training, mentoring, and education, national marketing, start-up funds, and other expenses to support national CWT operations.

**i. Compensated Work Therapy Transitional Work Payroll and Billing.**

(1) The VA medical facility Voc Rehab Manager ensures G-Invoicing is implemented and orders are approved annually by both the Voc Rehab Manager and the VA or other Federal agency CWT TW worksites so that it is available to bill the Federal partners upon completion of the first CWT TW payroll of the new FY. **NOTE:** *For more information, see the [G-Invoicing Guide](#). This is an internal VA website that is not available to the public.*

(2) The Voc Rehab Manager authorizes the obligation of funds (1358) from the CWT Account on a quarterly basis to use for CWT TW payroll.

(3) CWT TW participant timesheets are verified for accuracy and signed by the participating worksite supervisor and the Veteran prior to submission to CWT by the worksite supervisor every 2 weeks for payroll.

(4) Separation of duties and internal controls must be defined locally and regularly reviewed by the VA medical facility's Finance Office for the preparation and certification of timesheets, development of payroll, and bills of collection. Staff constructing payroll and billings must not be the same staff approving or auditing them.

(5) VA medical facility Voc Rehab Service staff (such as a program clerk) must develop payroll based upon timesheets submitted by the CWT TW worksite. Additional CWT TW staff audit payroll before submitting to the VA medical facility Finance Office.

(6) Staff (such as a program clerk) must develop the bills in Integrated Funds Control, Accounting, and Procurement (IFCAP) based upon hours worked and the reimbursement rate noted in the MOA. The reimbursement rate (i.e., billing rate) is comprised of the hourly Veteran pay rate plus the overhead costs to cover the full cost of the product or service being provided and must include indirect costs reflective of program operational needs and reserves for payment of earnings to Veterans, including those incurred for common objectives which cannot be directly charged to a single cost objective. This overhead cost is reflected in the MOA's reimbursement rate. The Voc Rehab Manager or other delegated individual audits, approves, and submits the billing.

(7) The Voc Rehab Manager must ensure all bills are reimbursed within the timeframe specified in the MOA and posted to the CWT Account in the next monthly deposit.

(8) A representative sample, as determined by the Voc Rehab Manager based on program size, timesheets, payroll, and bills of collection, are audited by the Voc Rehab Manager (or other delegated individual) each pay period to ensure accuracy.

(9) Voc Rehab Service staff preparing the bills of collection must indicate the correct Revenue Source Code entered into IFCAP by the VA medical facility Finance Office when the bill of collection is processed.

(10) Local VA medical facility Finance Office staff monitor the CWT Account, performing monthly reconciliations and annual audits.

## 6. OVERSIGHT AND ACCOUNTABILITY

a. **Internal Controls.** The internal controls in this directive are:

(1) Leadership oversight as outlined in paragraph 2 of this directive.

(2) NEPEC, PERC, and SMITREC monitoring and evaluation of Voc Rehab Service programs and services. This includes completion of an annual report by NEPEC as requested by the National Director, VHA Voc Rehab Service, evaluating the state of service delivery to Veterans in the Voc Rehab Service.

(3) Completion of an annual VA medical facility Self-Assessment for CWT SE and TW to identify areas of need and topics for national trainings.

(4) Onsite IPS SE fidelity reviews conducted by the Voc Rehab Service program office.

(5) Quarterly review of the Voc Rehab Quality Improvement Plan by the VA medical facility Voc Rehab Manager with input and review from the Voc Rehab Steering Committee.

b. **Metrics.** The metrics in this directive that assess the directive or program effectiveness are:

(1) Metrics aggregated by NEPEC to evaluate the effectiveness of the Voc Rehab Service (e.g., number of Veterans competitively employed at discharge, competitive employment rate).

(2) Metrics aggregated by PERC to evaluate the effectiveness of the Voc Rehab Service (e.g., SAIL, MHIS).

## 7. TRAINING

a. The following trainings are **required** for designated VA medical facility Voc Rehab staff and can be found in the Talent Management System (TMS) including registration for all live training sessions.

(1) The following one-time only trainings are **required** for all VA medical facility Voc Rehab Managers (or designated coordinators or supervisors of Voc Rehab Service elements) within 1 year of appointment to the position:

(a) Foundations of CWT for New Managers: VHA-072 **NOTE:** *A listing of additional TMS modules that are highly recommended are available on the [VHA Vocational Rehabilitation Policy Support Page](#). This is an internal VA website that is not available to the public.*

(b) Voc Rehab Service New Manager Training: VHA-284. **NOTE:** *This live didactic training is scheduled only once per year. The national program office must be notified of any excused absence and make-up training must be arranged in order to meet this mandatory requirement. Please contact the Voc Rehab Service National Program Office at the following email group for further instructions: [PSRHQ@va.gov](mailto:PSRHQ@va.gov).*

(2) The following one-time only training is **required** for all Voc Rehab Service staff providing CWT SE and **recommended** for all Voc Rehab Service staff providing CWT CBES: Enhanced IPS Practitioner Training (VHA-283). This course must be completed within 1 year of their start date. **NOTE:** *This training requirement does not apply to health professions trainees (HPTs). The Voc Rehab Service Program Office sends a quarterly announcement to Voc Rehab staff to register in TMS for this live training.*

b. The following training is **recommended** for Voc Rehab Managers and TW providers' worksites: VHA Public-Private Partnerships (VA 24092). **NOTE:** *This training requirement does not apply to HPTs.*

c. Voc Rehab Service providers must complete training on Prevention and Management of Disruptive Behavior (PMDB) in accordance with VHA Directive 1160.08(1), VHA Workplace Violence Prevention Program, dated August 23, 2021. For additional details on PMDB course materials, see VHA Directive 1160.08(1) and the [PMDB VHA Training Materials SharePoint](#). **NOTE:** *This is an internal VA website that is not available to the public. This training requirement does not apply to HPTs.*

## 8. BACKGROUND

a. VA is authorized in 38 U.S.C. § 1718 to provide patients with therapeutic and rehabilitative services, including in the form of therapeutic work and SE, to aid in their recoveries. VA implemented this authority to provide therapeutic work and SE through its CWT program.

b. In 2016, the Acting Deputy Under Secretary for Health for Operations and Management released a Transformation Plan, prioritizing community-based competitive employment as the desired outcome of VHA's vocational rehabilitation services. It additionally recommended implementation of a new CWT service, known as CWT CBES, along with CWT SSE and CWT SEd. For additional information, see The History of Compensated Work Therapy on the [VHA Vocational Rehabilitation Policy Support Page](#). **NOTE:** This is an internal VA website that is not available to the public.

## 9. DEFINITIONS

a. **Certified Rehabilitation Counselor.** A CRC is a mental health provider credentialed by the Commission on Accreditation of Rehabilitation Counselors (CRCC) to practice rehabilitation counseling at the professional level.

b. **Compensated Work Therapy.** CWT is a recovery-oriented, clinical vocational rehabilitation model in the continuum of VHA's therapeutic or rehabilitation work restoration services authorized by 38 U.S.C. § 1718. CWT is an umbrella term encompassing several models of treatment, including: TW, SE, CBES, SEd, and SSE. **NOTE:** CWT is also referred to as "therapeutic work" (see 38 U.S.C. § 1718(b)(2)) and "work therapy" (see 38 U.S.C. § 2031(a)(3)).

c. **Follow-Along Supports.** Follow-along supports are ongoing supports necessary to assist a person with a disability to sustain competitive work in an integrated setting.

d. **Job Coaching.** Job coaching is when Voc Rehab Service providers work side by side with the Veteran at their job site providing a variety of on-site work supports (e.g., assisting the Veteran in learning the tasks of the job, organizing the work site or schedule of tasks, assisting the Veteran with co-worker interactions or interactions with the Veteran's supervisor). Job coaching support, when clinically indicated, is individualized to the support needs of each Veteran and fades out as the Veteran becomes more comfortable with the job and with co-workers. Job coaching may occur over a few days to several weeks depending on the support needs of the Veteran.

e. **Natural Supports.** Natural supports are supports provided to an employee with a disability from their supervisors and co-workers, such as mentoring, providing feedback on job performance, or learning a new skill together. Natural supports may also include family and friends who provide support to the Veteran outside of the job site in areas such as organizational skills, transportation, and addressing other personal concerns related to the Veteran's employment.

f. **Points of Service.** Points of service within the VA health care system are distinct places, usually defined by an address or a continuous range of addresses, that identify the physical location where a Veteran interacts with VA health care providers, which are

sufficiently distinct that they can be geocoded and mapped for the purposes of calculating drive times, mileage, and access standards. **NOTE:** For further information, see VHA Handbook 1006.02, VHA Site Classifications and Definitions, dated December 30, 2013.

g. **Psychosocial Rehabilitation.** Psychosocial rehabilitation is the term used within VHA that is equivalent to psychiatric rehabilitation, which the Psychiatric Rehabilitation Association (PRA) defines as promoting “recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives” (see the [PRA website](#)). Psychosocial rehabilitation services are collaborative, person-directed, individualized, evidence-based, and an essential element of any health care system.

h. **Recovery-Oriented.** Recovery-oriented is a term that describes personalized care provided to meet the Veterans’ needs and to promote hope and encouragement to Veterans. Recovery-oriented care is strengths-based, focuses on the Veteran’s self-chosen goals and preferences, and is founded in shared decision making.

i. **Vocational Rehabilitation.** Vocational rehabilitation is a health care profession with qualified providers that apply the clinical interventions and services that enable persons with functional, psychological, developmental, cognitive, or emotional impairments, health disabilities, or psychosocial conditions to overcome barriers to accessing, maintaining, or returning to employment. The services provided encompass a range of employment services and vocational, educational, and rehabilitative interventions and programs to support an individual’s vocational, employment, educational, and career goals.

## 10. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

## 11. REFERENCES

a. 38 U.S.C. Chapter 15 and §§ 111A, 1151, 1718, 1725, 1728, 2031, 2032, 7301(b).

b. 29 C.F.R. part 525.

c. 38 C.F.R. §§ 3.342(b)(4)(ii), 3.343(c)(1), 17.38, 17.108(e)(11).

d. Title 48, Code of Federal Regulations.

e. VA Directive 6008, Acquisition and Management of VA Information Technology Resources, dated January 6, 2023.

- f. [VA Financial Policy Volume II, Appropriations Funds and Related information, Chapter 04, Awards, Ceremonies, Food or Refreshments, Gifts or Mementos](#), dated August 31, 2017.
- g. [VA Financial Policy Volume XVI, Charge Card Programs](#).
- h. VHA Directive 1004.01(3), Informed Consent for Clinical Treatments and Procedures, dated December 12, 2023.
- i. VHA Directive 1023, Waivers to VHA National Policy, dated March 5, 2024.
- j. VHA Directive 1098, VHA Public-Private Partnerships, dated April 30, 2020.
- k. VHA Directive 1100.20(2), Credentialing of Health Care Providers, dated September 15, 2021.
- l. VHA Directive 1100.21(1), Privileging, dated March 2, 2023.
- m. VHA Directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023.
- n. VHA Directive 1160.08(1), VHA Workplace Violence Prevention Program, dated August 23, 2021.
- o. VHA Directive 1161, Productivity and Staffing in Clinical Encounters for Mental Health Providers, dated April 28, 2020.
- p. VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program, dated July 15, 2019.
- q. VHA Directive 1172.01, Polytrauma System of Care, dated April 18, 2024.
- r. VHA Directive 1176(2), Spinal Cord Injuries and Disorders Systems of Care, dated September 30, 2019.
- s. VHA Directive 1400, Office of Academic Affiliations, dated November 9, 2018.
- t. VHA Directive 1400.03, Educational Relationships, dated February 23, 2022.
- u. VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016.
- v. VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023.
- w. VA Form 10-10EZ, Instructions For Completing Enrollment Application For Health Benefits.

x. VA Form 21-526EZ, Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits.

y. VHA Intranet: [G-Invoicing Guide](#). **NOTE:** *This is an internal VA website that is not available to the public.*

z. VHA Intranet: [Measurement Based Care in Mental Health SharePoint](#). **NOTE:** *This is an internal VA website that is not available to the public.*

aa. VHA Intranet: [Northeast Program Evaluation Center Dashboard](#). **NOTE:** *This is an internal VA website that is not available to the public.*

bb. VHA Intranet: [Office of Academic Affiliations SharePoint](#). **NOTE:** *This is an internal VA website that is not available to the public.*

cc. VHA Intranet: [Office of Mental Health Business Operations SharePoint](#). **NOTE:** *This is an internal VA website that is not available to the public.*

dd. VHA Intranet: [Office of Mental Health Official Policy Waivers SharePoint](#). **NOTE:** *This is an internal VA website that is not available to the public.*

ee. VHA Intranet: [Prevention and Management of Disruptive Behavior \(PMDB\), VHA Training Materials SharePoint](#). **NOTE:** *This is an internal VA website that is not open to the public.*

ff. VHA Intranet: [VHA Bookable Hours and Appointment Lengths Standard SharePoint](#). **NOTE:** *This is an internal VA website that is not available to the public.*

gg. VHA Intranet: [VHA National Center for Healthcare Advancement and Partnerships SharePoint](#). **NOTE:** *This is an internal VA website that is not available to the public.*

hh. VHA Intranet: [VHA Office of Quality and Patient Safety External Accreditation website](#). **NOTE:** *This is an internal VA website that is not available to the public.*

ii. VHA Intranet: [VHA Vocational Rehabilitation Policy Support Page](#). **NOTE:** *This is an internal VA website that is not available to the public.*

jj. VHA Intranet: VHA Voc Rehab SharePoint, [CWT TW Checklist](#). **NOTE:** *This is an internal VA website that is not available to the public.*

kk. VHA Intranet: [Voc Rehab SharePoint, IPS Section](#). **NOTE:** *This is an internal VA website that is not available to the public.*

ll. VHA Intranet: [Voc Rehab SharePoint, SEd Section](#). **NOTE:** *This is an internal VA website that is not available to the public.*

mm. Internal Revenue Service. [Internal Revenue Bulletin: 2007-49](#).

nn. [Psychiatric Rehabilitation Association](#).

oo. Social Security Administration, Program Operations Manual System (POMS), [RS 01402.485 Department of Veterans Affairs \(VA\) Incentive Therapy \(IT\) and Compensated Work Therapy \(CWT\) Programs](#).