1. SUMMARY OF MAJOR CHANGES: This directive:

   a. Consolidates requirements for capturing mandated data in the Annual Driver Rehabilitation Program report.

   b. Replaces the requirement for the Driver Rehabilitation Specialist to create a local policy regarding roadside emergency with the requirement to create standard operating procedures (see paragraphs 2.j. and 2.f.).

   c. Removes Appendices A through F as well as information regarding procurement of vehicles; this content is now located on the Driver Rehabilitation SharePoint site: http://vaww.rehab.va.gov/ProgramDocuments/DriverRehabilitation/index.asp. **NOTE:** This is an internal Department of Veterans Affairs (VA) website that is not available to the public.

2. RELATED ISSUES: None.

3. POLICY OWNER: The Executive Director, Rehabilitation and Prosthetic Services (12RPS) is responsible for the contents of this directive in partnership with the National Director, Physical Medicine and Rehabilitation Service. Questions may be referred to VHAPMRSProgramOfficeHelp@va.gov.


5. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of June 2028. This VHA directive will continue to serve as national policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

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

/s/ M. Christopher Saslo
DNS, ARPN-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO
NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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DRIVER REHABILITATION FOR VETERANS PROGRAM

1. POLICY

It is Veterans Health Administration (VHA) policy that eligible Veterans and Service members receive evaluation and training to drive a motorized vehicle through the Driver Rehabilitation Program (DRP) to ensure that they are independent and safe with or without automobile adaptive equipment. **AUTHORITY:** 38 U.S.C. §§ 3903(e), 7301(b).

2. RESPONSIBILITIES

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

   b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Office (CNO).** The Assistant Under Secretary for Health for Patient Care Services/CNO is responsible for supporting the Office of Rehabilitation and Prosthetic Services with implementation and oversight of this directive.

   c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

      (1) Communicating the contents of this directive to each of the Veterans Integrated Services Network (VISNs).

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

      (3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

   d. **Executive Director, Office of Rehabilitation and Prosthetic Services.** The Executive Director, Office of Rehabilitation and Prosthetic Services is responsible for:

      (1) Ensuring support and resources for successful implementation of this directive.

      (2) Communicating programmatic changes, performance metrics and progress on operational goals to the Assistant Under Secretary for Health for Patient Care Services.

   e. **National Director, Physical Medicine and Rehabilitation Service.** The National Director, Physical Medicine and Rehabilitation Service (PM&RS) is responsible for:

      (1) Ensuring compliance with this directive and communicating this information to the Department of Veterans Affairs (VA) medical facility Directors at VA medical facilities with DRP.

      (2) Providing consultation and programmatic guidance to VA medical facility PM&RS staff regarding DRP.
(3) Advising national VHA program offices on:

(a) New technology and equipment relating to DRP.

(b) Identifying educational opportunities and informing relevant staff of recommended educational materials related to DRP.

(c) Developing and updating clinical guidance as necessary.

(4) Promoting the participation in and provision of workshops, conferences, seminars, webinars and other recommended education related to DRP.

(5) Ensuring DRPs maintain automobile liability insurance (see paragraph 3.e.).

(6) Appointing and overseeing members of the VHA DRP Workgroup who are subject matter experts that advise VA leadership and clinical and administrative staff on new technology and equipment relating to driver rehabilitation, educational needs of Driver Rehabilitation Specialists (DRSs) and barriers to training and educating disabled Veterans and their families.

(7) Providing training opportunities for VA clinicians to become VA-certified DRSs.

(8) Selecting and prioritizing new DRP instructor candidates for training to maximize access to DRP based on applications from VA medical facilities.

(9) Ensuring accurate Annual Driver Rehabilitation Program Report (ADRPR) data is captured during the annual submission period, analyzed and monitored to identify trends, including but not limited to assessments of the health equity impact on Veterans and Service members.

f. **Executive Director, Prosthetic and Sensory Aids Service.** The Executive Director, Prosthetic and Sensory Aids Service (PSAS) is responsible for:

(1) Ensuring prescribed prosthetic and rehabilitative items and services are procured in a manner consistent with existing authorities.

(2) Allocating budgetary resources to VISNs and VA medical facilities and monitoring budget execution in support of DRP and related items.

(3) Collaborating with national PM&RS leadership to provide guidance and advice to VISN and VA medical facility PSAS staff on issues related to DRP.

g. **Veterans Integrated Services Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.
h. **VA Medical Facility Director.** The VA medical facility Director at VA medical facilities that operate DRP is responsible for:

1. Ensuring VA medical facility staff comply with this directive.
2. Ensuring that an efficient mechanism is in place for the evaluation and procurement of DRP items, supplies and services as needed.
3. Allocating all needed resources for this directive (e.g., staffing, physical workspace, up-to-date equipment, training vehicles and associated related requirements).
4. Ensuring new DRP instructor candidate applications are submitted when creating a new DRP or when expanding a current DRP.
5. Providing per diem and travel costs for new DRP instructor candidates to attend a required 2-week VA Driver’s Training Instructor’s Training Course prior to assuming program responsibilities.
6. Ensuring that all Veterans with clinical needs for DRP can access these services either at their VA medical facility, another VA medical facility or through community care.
7. Ensuring accurate and reliable ADRPR data is captured and forwarded to PM&RS.

i. **VA Medical Facility Chief, Physical Medicine and Rehabilitation Service.**

**NOTE:** DRP is under the direction of the VA medical facility Chief, PM&RS; supervision is the responsibility of the VA medical facility Chief, PM&RS or the appropriate section supervisor under which DRP is aligned. The VA medical facility Chief, PM&RS is responsible for:

1. Ensuring that all Veterans with clinical needs for DRP can access these services either at their VA medical facility, another VA medical facility or through community care.
2. Overseeing the following at VA medical facilities that operate DRP:
   a. Designating at least one primary and one alternate DRS at the VA medical facility, based on existing resources.
   b. Ensuring the clinical space has up-to-date equipment and repairs to equipment and training vehicles are done in a timely manner according to facility-specific needs.
   c. Supporting continuing education needs of staff to provide the highest quality of services and meet or exceed clinical licensure requirements.
(d) Ensuring DRP offers adequate driver rehabilitation clinic appointments to maintain access to consistent quality care.

(e) Educating staff about the clinical process for prescribing and providing DRP services.

(3) Adhering to safety performance standards based on United States General Services Administration (GSA) Federal Vehicle Standards for DRP. See https://vehiclestd.fas.gsa.gov/CommentCollector/Home for additional information. These standards must be used for each VA medical facility and published. **NOTE:** The Veteran referral process for sites without DRPs can be found here: http://vaww.rehab.va.gov/ProgramDocuments/DriverRehabilitation/index.asp. This is an internal VA website that is not available to the public.

j. **Driver Rehabilitation Specialist.** **NOTE:** The DRS is a kinesiotherapist, occupational therapist or physical therapist who is licensed, registered or certified by their respective professional organization. VA medical facility DRPs may only be staffed by a DRS who has completed VA’s Driver’s Training Instructor’s Training Course (see paragraph 4). The primary and alternate VA medical facility DRS is responsible for:

(1) Performing and documenting in the Veteran’s Electronic Health Record (EHR) an evaluation of sensory or perceptual, cognitive or psychomotor functional abilities; an on-road assessment as appropriate; review of past medical history, diagnosis, prognosis and equipment if previously issued to the Veteran; and current equipment needs.

(2) Performing behind-the-wheel training with the Veteran when clinically indicated.

(3) Documenting the Veteran’s goals, driver rehabilitation goals, metrics and outcome measures and making recommendations for an inclusive mobility plan, including transportation options in the EHR.

(4) Initiating appropriate referrals to other services for more detailed evaluations, as indicated (e.g., cognitive assessment, neuro-sensory evaluation, visual examination).

(5) Communicating with the Veteran, caregiver or assistant to share assessment findings, results, options, Veteran expectations, suggested training; agreeing upon goals; and developing a treatment plan.

(6) Completing documentation of prescriptions, including justification of appropriate adaptive driving equipment (ADE) or vehicle modifications (VM), ADE or VM trial, Veteran education and vehicle fitting process in the Veteran’s EHR.

(7) Coordinating with clinical and administrative staff to ensure timeliness of ADE issuance or VM, accuracy and overall continuity of care.

(8) Reviewing all quotes for prescribed ADE or VM in collaboration with VA medical facility PSAS staff to ensure accuracy.
(9) Scheduling follow up for Veterans receiving ADE or VM as appropriate. The timeframe, frequency and method of follow up are determined on an individual basis for each Veteran.

(10) Serving as the point of contact for Veterans when their conditions or circumstances change in such a way that may impact their use of ADE or VM. This includes recommending a new comprehensive driving evaluation based on their needs, via telehealth or an in-person visit.

(11) Prioritizing continuing education needs to ensure maintenance and updating of knowledge, skills and abilities. See paragraph 4 for additional information.

(12) Ensuring that the driver rehabilitation training vehicle is stored in a secure location.

(13) Documenting routine maintenance and weekly safety checks to ensure ADE is operational and safe.

(14) Ensuring magnetic signs indicating student driver are affixed to the vehicle when a Veteran or Service member is utilizing a personal vehicle for use in DRP.

(15) Drafting standard operating procedures regarding roadside emergency procedures. See paragraph 3.f. for details.

(16) Annually reviewing expiration dates on first-aid kits, universal precaution packages, fracture splints and road emergency kits (e.g., safety triangles, booster cable) and replacing expiring products to ensure compliance with accreditation standards and documenting the review. **NOTE:** This may be requested by accreditation reviewers during a site visit.

(17) Submitting information requested by VA medical facility management or VHA Central Office.

(18) Completing the ADRPR, available at [http://vaww.vhaco.va.gov/AnnualDriverRehabReport/](http://vaww.vhaco.va.gov/AnnualDriverRehabReport/), by October 31 every year to describe the prior fiscal year. **NOTE:** This is an internal VA website that is not available to the public.

(19) Educating and collaborating with VA medical facility staff to provide awareness of DRP and the local Veteran referral process.

3. DRIVING REHABILITATION PROGRAM VEHICLE REQUIREMENTS

a. **Maintenance and Repair of Vehicles.** All maintenance and repair work on the driver rehabilitation training vehicle is the responsibility of the VA medical facility and must be conducted in accordance with the vehicle manufacturers recommendations. Arrangements may be made within the VA medical facility to maintain the vehicle at its peak performance. The VA medical facility GSA Fleet Manager must keep maintenance
records on the vehicle. **NOTE: PM&RS recommends a written weekly maintenance schedule be maintained with the vehicle.**

b. **Maintenance and Safety of Adaptive Equipment in Vehicles.** The VA medical facility DRS must document routine maintenance and weekly safety checks to ensure adaptive equipment is operational and safe. Other specialists such as VA medical facility engineers, vendors and the manufacturing representatives of the equipment may be consulted, as necessary. A copy of the safety operating procedures must be always maintained in the vehicle.

c. **Parking Spaces.** Parking spaces for the driver rehabilitation training vehicles must be accessible to the classroom or clinical area in which the Veteran receives appropriate pre-driving instruction. Parking spaces should be covered to decrease medical exacerbations due to weather factors such as extreme heat and cold. Parking spaces should meet minimum requirements as noted in the American Disabilities Act, https://beta.ada.gov/topics/parking/.

d. **Security.** When not in use, the driver rehabilitation training vehicle must be kept in a secure location and adequate precautionary measures need to be in place. The DRS must contact VA medical facility Police to establish security procedures as needed. Any damage or loss must be reported to the Office of Acquisitions and Logistics, in accordance with VA Directive 7002, Logistics Management Policy, dated January 8, 2020. If there is damage or loss and it is a result of a VA employee, Veteran or Service member, a police report may also need to be filed.

e. **Insurance.** An annual national commercial automotive liability insurance contract has been established to automatically ensure liability coverage for all Veterans who drive designated driver rehabilitation training vehicles, including leased vehicles at any VA medical facility. Coverage under the contract is for third-party bodily injury and property damage either to non-governmental vehicle(s) or non-governmental property. The insurance policy does not cover bodily injury of the Veteran or DRS, or the VA vehicle or other VA property. All changes in driver rehabilitation training vehicle inventory must be immediately reported via email to PM&RS to ensure the applicable vehicles are added or removed from the national insurance contract. **NOTE: If the Veteran or Service member is injured, medical treatment is provided by VA. If the instructor is injured, VHA Directive 1609, Workers’ Compensation Program Management, dated April 5, 2022, must be followed. Information on specific insurance claims may be received by contacting PM&RS staff or the VHA Fleet Management Office.**

f. **Safety.** The VA medical facility DRS is responsible for drafting standard operating procedures regarding roadside emergency procedures and must be always available in the driver rehabilitation training vehicle. The mandatory VA medical facility standard operating procedures template is located here: https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-Policy-Management.aspx. **NOTE: This is an internal VA website that is not available to the public.**
g. **Restriction in Use of Driver Rehabilitation Vehicle.** Use of vehicles purchased and leased for DRP for purposes other than driver rehabilitation is forbidden. Family members of persons being trained in the driver rehabilitation training vehicle may not drive or ride in the training vehicle. It is permissible for VA employees to ride in the vehicle for evaluation, orientation or teaching. For safety precautions, the adaptive equipment must not be utilized by unauthorized personnel or untrained VA employees; the inappropriate use of such equipment may pose a safety hazard to non-disabled operators and is prohibited. **NOTE:** The supervision of health professions trainees is covered by VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015.

h. **Training in Veteran’s Personal Vehicle or Vendor Equipped Vehicle.** It is permissible to teach adaptive driving skills to a Veteran or Service member in their personal vehicle or in a vendor-equipped vehicle, if the Veteran, Service member or vendor can show documented proof that the vehicle is covered by the minimum State requirements for insurance. The vehicle must also have the required adaptive equipment already available in the vehicle if that equipment is necessary based on the disability of the individual. This situation may occur when the Veteran or Service member has a need for special adaptive equipment or structural modifications of the vehicle not ordinarily utilized or available in the VA driver rehabilitation training vehicles. **NOTE:** It is recommended that in such training situations, an instructor’s brake needs to be installed prior to beginning training. Magnetic signs indicating student driver must be affixed to the vehicle by the VA medical facility DRS.

(1) **First-Aid Kits and Road Emergency Kits.** Training vehicles used in DRP must be equipped with first-aid kits, universal precaution packages, fracture splints and road emergency kits (e.g., safety triangles, booster cable). **NOTE:** This is a requirement of accreditation bodies. The VA medical facility DRS must annually review expiration dates on these materials and replace expiring products to ensure compliance with accreditation standards and document the review. This may be requested by accreditation reviewers during a site visit.

(2) **Telephone.** A VA-issued cellular telephone must be available to the DRS for emergencies and for navigational training.

i. **Accreditation.** VA medical facility DRPs that are a part of a Commission on Accreditation of Rehabilitation Facilities (CARF)-accredited program must adhere to the applicable CARF Health and Safety standards found at: [https://vaww.gps.med.va.gov/divisions/qm/ea/CARF.aspx](https://vaww.gps.med.va.gov/divisions/qm/ea/CARF.aspx). **NOTE:** This is an internal VA website that is not available to the public.

4. **TRAINING**

a. The following VA training is **required** for new DRS: Driver’s Training Instructor’s Training Course provided on-site at a VA medical facility designated by PM&RS.
b. The following training is recommended for DRS: Additional university credentials, State certification or successful completion of the national DRS examination sponsored by the Association for Driver Rehabilitation Specialists, formerly known as the Association for Driver Educators for the Disabled, is encouraged.

5. RECORDS MANAGEMENT

All records regardless of format (e.g., 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 should be addressed to the appropriate Records Officer.

6. BACKGROUND

VA provides a comprehensive DRP for Veterans and Service members of a wide range of physical and mental disabilities both as a driver or as a passenger. DRP provide evaluation, consultation, assessment and instruction for Veterans and Service members in the safe and competent use of special add-on equipment and mastery of specific skills and techniques to effectively drive a motor vehicle independently and in accordance with State Department of Motor Vehicles regulations. Driver rehabilitation is a medical therapy. Additional services also include assistance with vehicle selection if needed, as well as assessment for appropriate adaptive equipment. These services are provided by VA and VA-authorized DRPs. Services can be provided to Veterans in both inpatient and outpatient appointments. VA also collects yearly data from all DRPs to support strategic planning and administration of the program.

7. REFERENCES

a. 38 U.S.C. §§ 3903(e), 7301(b).


e. Annual Driver Rehabilitation Program Report. http://vaww.vhaco.va.gov/AnnualDriverRehabReport/. NOTE: This is an internal VA website that is not available to the public.

f. Commission on Accreditation of Rehabilitation Facilities Health and Safety Standards. https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx. NOTE: This is an internal VA website that is not available to the public.
g. Driver Rehabilitation Program Clinical Toolkit and Guidance Documents. 
http://vaww.rehab.va.gov/ProgramDocuments/DriverRehabilitation/index.asp. **NOTE:** This is an internal VA website that is not available to the public.

h. Rehabilitation and Prosthetic Services Website. 
https://www.rehab.va.gov/pmrs/Drivers_Rehabilitation_Program.asp.

i. American Disabilities Act, Accessible Parking Spaces. 
https://beta.ada.gov/topics/parking/.

j. United States General Services Administration (GSA), Federal Vehicle Standards. 