DRIVER REHABILITATION PROGRAM REPORT

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive describes data required to be reported on Driver Rehabilitation Program activities at Department of Veterans Affairs (VA) medical facilities.

2. SUMMARY OF MAJOR CHANGES: This directive contains updated requirements for capturing mandated annual workload data.


4. RESPONSIBLE OFFICE: The National Director, Physical Medicine and Rehabilitation Program Office (10P4RP), is responsible for the contents of this directive. Questions may be referred to 202-461-7444.


6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of May 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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

/s/ Lucille B. Beck, PhD
Deputy Under Secretary for Health for Policy and Services

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

1. PURPOSE

This Veterans Health Administration (VHA) directive describes data required to be reported annually to the Department of Veterans Affairs (VA) Office of Rehabilitation and Prosthetics Services regarding Driver Rehabilitation Program activities at VA medical facilities. **AUTHORITY:** Title 38 United States Code (U.S.C.) 3903(e), 7301(b).

2. BACKGROUND

VA’s Driver Rehabilitation Program has a long history of providing skilled services to Veterans who need specialized evaluation, training, and equipment to be successful and safe drivers and passengers. The data collected will be used at all levels in the planning and administration of the VA Driver Rehabilitation Program.

3. POLICY

It is VHA policy that all VA medical facilities with Driver Rehabilitation Programs approved by the Office of Rehabilitation and Prosthetics Services must complete the Driver Training Program Report. The report must be accomplished on an annual basis covering the period from October 1 to September 30 and be completed no less than 30 days after the end of the fiscal year. **NOTE:** VA medical facilities with VA Driver Rehabilitation Programs as of 2020 are listed in Appendix A. The Driver Training Program Report is available at [http://vaww.vhaco.va.gov/AnnualDriverRehabReport/](http://vaww.vhaco.va.gov/AnnualDriverRehabReport/). This is an internal VA Web site that is not available to the public.

4. RESPONSIBILITIES

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

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management 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 the sufficient resources to implement this directive in all VA medical facilities within that VISN.

   (3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **VHA Office of Rehabilitation and Prosthetics Services, Rehabilitation Program, National Director.** The VHA Office of Rehabilitation and Prosthetics Services, Rehabilitation Program, National Director or designee is responsible for:
(1) Ensuring compliance with this directive and communicating this information to VA medical facility Directors with a Driver Rehabilitation Program.

(2) Analyzing the data collected from the VA Driver Rehabilitation Program and providing a report as needed to the Driver Rehabilitation Program Manager at VA medical facilities that have Driver Rehabilitation Program.

d. **Veterans Integrated Service Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN that have a Driver Rehabilitation Center comply with this directive.

e. **VA Medical Facility Director.** Each VA medical facility Director with a Driver Rehabilitation Program is responsible for ensuring the electronic Driver Training Program Report is submitted no later than October 31 of each fiscal year. Instructions for completing the report are incorporated in Appendix B. The report is located on the Annual Drivers Training Data Reporting Intranet at [http://vaww.vhaco.va.gov/AnnualDriverRehabReport/](http://vaww.vhaco.va.gov/AnnualDriverRehabReport/). **NOTE:** Data can still be edited as needed after saving until the form is locked sometime after the end of the reporting period when all the reports have been obtained. This is an internal VA Web site that is not available to the public.

f. **Driver Rehabilitation Program Manager.** The Driver Rehabilitation Program Manager is responsible for ensuring that the Driver Rehabilitation Therapist at the VA medical facility completes the annual Driver Training Data Report in accordance with this directive.

g. **Driver Rehabilitation Therapist.** The Driver Rehabilitation Therapist at the VA medical facility is responsible for completing the annual Driver Training Data Report in accordance with this directive.

5. **TRAINING**

There are no formal training requirements associated with this directive.

6. **RECORDS MANAGEMENT**

All records regardless of format (e.g., paper, electronic, electronic systems) created in this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

7. **REFERENCES**

a. 38 U.S.C. 7301(b).

b. 38 U.S.C. 3903(e).


LOCATION OF VA DRIVER REHABILITATION PROGRAMS

Below is a list of Department of Veterans Affairs (VA) Driver Rehabilitation Programs.

1. Albany, NY
2. Albuquerque, NM
3. Ann Arbor, MI
4. Atlanta, GA (Decatur, GA)
5. Augusta, GA
6. Baltimore, MD
7. Biloxi, MS
8. Boston (Brockton/West Roxbury), MA
9. Bronx, NY
10. Butler, PA
11. Castle Point, NY
12. Cleveland, OH
13. Columbia, SC
14. Dallas, TX
15. Denver, CO
16. Des Moines, IA
17. East Orange, NJ
18. Hampton, VA
19. Hines, IL
20. Honolulu, HI
21. Houston, TX
22. Indianapolis, IN
23. Lexington, KY
24. Little Rock, AR
25. Long Beach, CA
26. Memphis, TN
27. Miami, FL
28. Milwaukee, WI
29. Minneapolis, MN
30. New Orleans, LA
31. Oklahoma City, OK
32. Palo Alto, CA
33. Philadelphia, PA
34. Phoenix, AZ
35. Portland, OR
36. Reno, NV
37. Richmond, VA
38. St. Louis, MO
39. Salisbury, NC
40. Salt Lake City, UT
41. San Antonio, TX
42. San Juan, PR
43. Seattle, WA
44. Sepulveda/GLA, CA
45. Syracuse, NY
46. Tampa, FL
47. Tucson, AZ
48. Washington, DC
49. West Los Angeles, CA
50. West Palm Beach, FL
INSTRUCTIONS FOR COMPLETION OF REPORT

The Driver Training Program Report must be prepared and submitted by the Driver Rehabilitation Therapist at all Department of Veterans Affairs (VA) medical facilities designated as Driver Rehabilitation Centers.

1. INSTRUCTIONS FOR PREPARATION OF REPORT

   a. Access to Electronic Form. The form can be found at the following intranet address: [http://vaww.vhaco.va.gov/AnnualDriverRehabReport/](http://vaww.vhaco.va.gov/AnnualDriverRehabReport/) and is accessible through the Program Specialist Portal tab on that page. **NOTE:** This is an internal VA website that is not available to the public. **Individuals must be granted access to the site.** Access can be granted by the, Rehabilitation Program Office (10P4R), Office of Prosthetics and Rehabilitation Services, 414-384-2000 extension 41104 or email at [VHAPMRSPProgramOfficeHelp@va.gov](mailto:VHAPMRSPProgramOfficeHelp@va.gov).

   b. Notes on Data Entry.

      (1) The form must be completed fully (all blank boxes must be filled except for the pale-yellow boxes which are calculated fields which will complete when the document is saved) for the data to be saved. Partially completed forms cannot be saved and clicking the save button will lose the information that has been entered.

      (2) Line 1 will automatically be completed based on the previous year’s data entry.

      (3) Line 2a (Pale yellow background). Data cannot be directly entered in this line. It will be automatically calculated based on what is entered in line 2c and 2d. Data will only be automatically entered after the “save” button is clicked at the bottom of the form.

      (4) Total Column (pale-yellow background). Data cannot be directly entered in this column. It will be automatically calculated across the lines based on the numbers entered. Data will only be automatically entered after the “save” button is clicked at the bottom of the form.

      (5) Sum of data entered under disability groups in Line 2b and 2c must equal the sum of data entered in Line 2d and 2e. There is a data correction feature built into the data capture mechanism which will alert the individual entering the data of a possible error. This will only be apparent to the individual entering the data after the “save” button is clicked at the bottom of the form.

      (6) Even though the data has been saved, it can continue to be edited by re-opening the form. The data will be locked (at which time it can no longer be edited); however, this will not happen until later in the fiscal year when all VA medical facilities have completed the report. The VHA Office of Rehabilitation and Prosthetics Services Rehabilitation Program, National Director or designee, listed on the Web site, can unlock the data at any time if future edits are needed.
c. **Diagnosis and Disability.** It is important that all recorded information on a patient be directed to the diagnosis or disability which best explains why the patient is receiving driver rehabilitation. For example, a patient may be diagnosed as "Diabetes Mellitus," but a resulting amputation of a lower extremity is the reason for needing the driver rehabilitation instruction. Therefore, this patient would be included in the category "Amputation." The physician's or driver rehabilitation specialist's judgment will determine whether the schizophrenic patient with an amputated leg shall be placed in "Psychiatric" category or "Amputation" category. Patients with multiple disabilities, e.g., stroke, plus left lower extremity amputation, needs to be listed as "Other," and a brief explanation noted in "Comments." A consistent decision must be made locally as to the one category used for reporting purposes. The diagnosis or disability categories include the following:

(1) Spinal Cord Injury, which includes paraplegic and tetraplegic disabilities.

(2) Hemiplegia, which includes right or left cerebral vascular accident (CVA) and other neurological impairments resulting in hemiplegia except traumatic brain injury which is reported separately.

(3) Traumatic Brain Injury (TBI) often causes complex disabilities that may include one or more of the following: physical (upper and/or lower extremity movement disorder, including hemiplegia), sensory (visual and hearing impairment), cognitive (memory, attention, and executive function), and emotional/behavioral (impulsivity, irritability). All these areas of function have to be addressed when determining the Veteran’s driving training needs.

(4) Other Neurological, which includes multiple sclerosis, muscular dystrophy, Parkinson's disease, Alzheimer's and other dementias, etc.

(5) Amputation, including transhumeral, transradial, transfemoral, transtibial, etc.

(6) Orthopedic, which includes most orthopedic-related conditions, total joint replacement, major fracture, fused joints, etc.

(7) Psychiatric, which includes Veterans with mental health conditions such as post-traumatic stress disorder, etc.

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

d. **Patients Carried Over from Last Report (Line 1).** This item must include, by diagnosis, only the number of patients who were listed on your previous annual report in the category of: "Training Still in Progress." This will automatically be entered into the electronic form based on last year’s entry.

e. **Patient Status (Line 2).** New consultations are those patients entering the program within the particular reporting period. Be sure to mark all appropriate blocks, when applicable; e.g., "outpatient," "service-connected," on each new consultation.
line items (including inpatient and outpatient status and service-connection) refer only to the "new consultations." **NOTE:** Such information on patients carried over from the previous reporting period should not be included. See paragraph 1.b.(2) of this appendix on data entry.

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

g. **Total Driver Rehab Hours (Line 4).** The total driver rehabilitation process is divided into phases. It is important, for administrative purposes, to be able to differentiate among the various phases. **NOTE:** Final numbers representing hours of service are rounded to the nearest whole number. Record, rounding off to the nearest whole number of hours, the amount of driver rehabilitation specialist’s time provided in the following categories:

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

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

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

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

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

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

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

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

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

k. **Training Still in Progress (Line 8).** Patients who are still in the training process at the end of the reporting period will, of course, be carried over to the next reporting period. **NOTE:** This data will then be automatically entered into the line 1 "Number of patients carried over from last report" in the next fiscal year report.

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

m. **Total (farthest column to the right).** As mentioned earlier, the data will be summed across the lines automatically when the “submit” button is clicked.

n. **Comments.** If more than one driver trainer contributed workload to this report, please include the name of the individual here. Additionally, an explanation of the diagnoses in the other category should be included here. Other information such as constructive criticism, program needs, ideas for improvement, or other pertinent information which would help improve the program or reporting system can be included in this block.