

Case Closure Accuracy (CCA) Instrument

Question	Compliance		
All Case Closures			
1. Was data entered correctly and consistently in the VR&E record?	Yes	No	NA
A. Placement date was not consistent.	<input type="checkbox"/>		
B. Employer information was not consistent.	<input type="checkbox"/>		
C. Job title and duties were not consistent.	<input type="checkbox"/>		
D. Post-employment salary was not consistent.	<input type="checkbox"/>		
E. Occupational code was not consistent.	<input type="checkbox"/>		
F. Placement data was not entered in the electronic case management system or is inconsistent with the VR&E record.	<input type="checkbox"/>		
2. Was all required documentation present, signed, and dated if required, prior to case closure?	Yes	No	NA
A. Rehabilitation plan was not present in the VR&E record.	<input type="checkbox"/>		
B. Rehabilitation plan was not signed by the Veteran.	<input type="checkbox"/>		
C. Rehabilitation plan was not signed by the VRC.	<input type="checkbox"/>		
D. Rehabilitation plan was expired.	<input type="checkbox"/>		
E. No copy of the diploma/certificate or transcript of records.	<input type="checkbox"/>		
F. No job readiness declaration.	<input type="checkbox"/>		
G. No VAF 28-0851, Activities of Daily Living Checklist when the Veteran participated in services under an IILP.	<input type="checkbox"/>		
3. Did the case comply with regulatory time limits?	Yes	No	NA
A. Duration of employment services exceeded 18 months.	<input type="checkbox"/>		
B. Duration of IL services exceeded 24 months (or concurred period of extension).	<input type="checkbox"/>		
4. Were appropriate services provided to ensure the Veteran was able to participate in their rehabilitation plan and/or maintain suitable employment?	Yes	No	NA
A. Rehabilitation plan was not adapted to changing circumstances.	<input type="checkbox"/>		
B. The Veteran was not provided post-employment services as needed.	<input type="checkbox"/>		
C. The Veteran's identified needs were not addressed or intervention was not provided as needed.	<input type="checkbox"/>		
5. Did follow-up documentation include required information?	Yes	No	NA
A. Follow-up activities were not documented.	<input type="checkbox"/>		
B. Follow-up documentation did not outline services provided to resolve issues encountered.	<input type="checkbox"/>		
C. Attempts to contact the Veteran by all available means (letter, email, phone) were not documented.	<input type="checkbox"/>		
D. Follow-up documentation did not discuss the Veteran's progress or adjustment to employment.	<input type="checkbox"/>		
6. Was follow-up conducted for the appropriate length of time?	Yes	No	NA

A. Employment Rehabilitation: Length of follow-up was not at least 60 days.	<input type="checkbox"/>		
B. Temporary or Self-Employment Rehabilitation: Length of follow-up was not at least 1 year.	<input type="checkbox"/>		
C. Independent Living: Length of follow-up was not at least 60 days	<input type="checkbox"/>		
D. Discontinued or MRG: Length of follow-up was insufficient to demonstrate attempts to motivate Veteran to return to active participation the rehabilitation plan.	<input type="checkbox"/>		
7. Was follow-up conducted at the appropriate frequency?	Yes	No	NA
A. JR status: Monthly follow-up was not documented.	<input type="checkbox"/>		
B. INT status: Follow-up was not documented at least every 90 days for unplanned Interruption or per the documented schedule (at least every 120 days) for planned Interruption.	<input type="checkbox"/>		
C. IL status: Monthly follow-up was not documented.	<input type="checkbox"/>		
8. Did the closure statement clearly explain the decision to close the case, including all required information?	Yes	No	NA
A. There was no documented closure statement.	<input type="checkbox"/>		
B. The closure statement did not clearly explain the decision.	<input type="checkbox"/>		
C. Required information was not included in the closure statement.	<input type="checkbox"/>		
D. The closure statement did not include current circumstances.	<input type="checkbox"/>		
9. Was VREO/AVREO concurrence provided prior to closure?	Yes	No	NA
A. VAF 28-0850, Checklist for Proposed Rehabilitation was not signed and dated by the VREO/AVREO.	<input type="checkbox"/>		
B. VAF 28-0962, Checklist for Proposed Self-Employment Rehabilitation was not signed and dated by the VREO/AVREO.	<input type="checkbox"/>		
C. VAF 28-0853, Checklist for Proposed Discontinuance was not signed and dated by the VREO/AVREO.	<input type="checkbox"/>		
10. Was the correct Reason Code used?	Yes	No	NA
A. The correct Rehabilitation Reason Code was not used.	<input type="checkbox"/>		
B. The correct Discontinuance Reason Code was not used.	<input type="checkbox"/>		
C. The correct MRG Reason Code was not used.	<input type="checkbox"/>		
11. Was appropriate due process provided prior to closure when required?	Yes	No	NA
A. The period of due process was not at least 30 days.	<input type="checkbox"/>		
B. The date on the due process letter was inconsistent with the date the action was taken.	<input type="checkbox"/>		
C. Employment in occupation other than the goal outlined on the rehabilitation plan, but was not provided due process.	<input type="checkbox"/>		
D. Further education pursued, but was not provided due process.	<input type="checkbox"/>		
E. Third party employment information used, but was not provided due process.	<input type="checkbox"/>		
F. Recalled to active duty, but was not provided due process	<input type="checkbox"/>		

G. IILP objectives not complete, but was not provided due process.	<input type="checkbox"/>		
H. MRG reason code used for discontinuance, but was not provided due process	<input type="checkbox"/>		
I. Discontinued, but was not provided due process.	<input type="checkbox"/>		
12. Was a closure letter and appellate rights sent to the Veteran, with the correct effective date and explanation or justification of the decision?	Yes	No	NA
A. Notification of Rehabilitation Decision was not sent to the Veteran.	<input type="checkbox"/>		
B. Notification of Discontinuance Decision was not sent to the Veteran.	<input type="checkbox"/>		
C. Notification of MRG Decision was not sent to the Veteran.	<input type="checkbox"/>		
D. The effective date was incorrect or missing from the closure letter.	<input type="checkbox"/>		
E. The justification or explanation for the closure decision was missing or unclear in the closure letter.	<input type="checkbox"/>		
F. The Veteran was not provided appellate rights with the closure letter.	<input type="checkbox"/>		
<input type="checkbox"/> Rehabilitated			
13. Was the decision to close the case in Rehabilitated status correct based on documented evidence in the record?	Yes	No	NA
A. Documented information did not support the decision to move the case to Rehabilitated status.	<input type="checkbox"/>		
B. Criteria for rehabilitation outlined in 38 CFR 21.283 were not met.	<input type="checkbox"/>		
<input type="checkbox"/> Discontinued			
14. Was the decision to close the case in Discontinued status correct?	Yes	No	NA
A. Documented information did not support the decision to move the case to Discontinued status.	<input type="checkbox"/>		
B. Sufficient attempts to motivate the Veteran did not occur before the case was discontinued.	<input type="checkbox"/>		
C. The Veteran indicated a desire to re-enter services, but this was not addressed.	<input type="checkbox"/>		
D. IL needs were not evaluated prior to Discontinuance when achievement of a vocational goal was determined infeasible.	<input type="checkbox"/>		
E. An extension was not considered prior to Discontinuance when the Veteran exhausted 48 months of entitlement or reached the 12-year termination date.	<input type="checkbox"/>		
<input type="checkbox"/> MRG			
15. Was the decision to Discontinue the case using an MRG reason code correct?	Yes	No	NA
A. Documented information did not support the decision to move the case to Discontinued status using an MRG Reason Code.	<input type="checkbox"/>		
B. Sufficient attempts to motivate the Veteran did not occur before the case was discontinued.	<input type="checkbox"/>		
C. Substantial improvement in the Veteran's circumstances (employment or employability) was not directly attributable to services provided by VR&E.	<input type="checkbox"/>		

<input type="checkbox"/> Reviews (For tracking only. Not included in score calculation. Answering No <u>does not</u> result in an error.)			
16. Was the requested Higher-Level Review completed in an accurate and timely manner?	Yes	No	N/A
A. The requested review was not completed accurately.		<input type="checkbox"/>	
B. The review was not completed in a timely manner (90 days or less from date of request).		<input type="checkbox"/>	
C. The review was not completed by a more experienced VRC than the individual who made the decision.		<input type="checkbox"/>	
D. The review indicated a Duty to Assist error, but a Supplemental Claim Review was not initiated.		<input type="checkbox"/>	
E. The requested review was not provided.		<input type="checkbox"/>	
17. Was the requested Supplemental Review completed in an accurate and timely manner?	Yes	No	N/A
A. The requested review was not completed accurately.		<input type="checkbox"/>	
B. The review was not completed in a timely manner (125 days or less from date of request or identification of a Duty to Assist error).		<input type="checkbox"/>	

<input type="checkbox"/> General Comment