**Entitlement Determination & Rehabilitation Planning**

**Accuracy (EDRPA) Instrument**

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| **Question** | **Compliance** | | |
| **Application, Initial Evaluation, and Entitlement Determination** | | | |
| 1. Was data entered correctly and consistently in the VR&E record? | Yes | No | NA |
| 1. Case status dates were not consistent with documentation in the record |  | | |
| 1. SEH indicator was not consistent. |  | | |
| 1. Pre-Chapter 31 salary was not consistent. |  | | |
| 1. Occupational code was not consistent. |  | | |
| 1. Service type and service detail type were not consistent. |  | | |
| 1. Selected track was not consistent |  | | |
| 1. Employment Tab was not completed when a combination IWRP/IEAP plan was developed. |  | | |
| 1. Was EP status opened when the individual reported to the initial evaluation appointment? | Yes | No | NA |
| 1. Was VR&E Program Orientation (VAF 28-0800) signed? | Yes | No | NA |
| 1. Was VAF 28-1902w, Rehabilitation Needs Inventory and Protection of Privacy Information Statement, signed? | Yes | No | NA |
| 1. Did the 28-1902b contain all required elements to document the entitlement determination? | Yes | No | NA |
| 1. 28-1902b was not present in the record. |  | | |
| 1. 28-1902b was not signed by the VRC. |  | | |
| 1. 28-1902b did not document the entitlement decision. | ☐ | | |
| 1. Automatic entitlement under NDAA was not documented for the Servicemember. |  | | |
| 1. Existence of a vocational impairment was not documented, justified, and/or consistent with evidence. |  | | |
| 1. Contribution of the SCD to the vocational impairment was not documented, justified, and/or consistent with evidence. | ☐ | | |
| 1. Overcoming the effects of the impairment was not documented, justified, and/or consistent with evidence. |  | | |
| 1. EH determination was not documented, justified, and/or consistent with evidence. |  | | |
| 1. SEH determination (including how SCD contributes in substantial part) was not documented, justified, and/or consistent with evidence. |  | | |
| 1. Was the feasibility of achieving a vocational goal documented? | Yes | No | NA |
| 1. Was the removal of reason(s) for prior case closure documented, justified, and consistent with evidence in the record, and, if required, was concurrence documented? | Yes | No | NA |
| 1. Removal of reason(s) for prior discontinuance was not documented, justified, and/or consistent with evidence in the record. |  | | |
| 1. Reason(s) to overturn prior rehabilitation decision was not documented, justified, and/or consistent with evidence in the record. |  | | |
| 1. Concurrence was not documented when the Veteran reapplied within one year of rehabilitation or MRG. | ☐ | | |
| 1. Was the Veteran's overall pattern of interests, aptitudes and abilities are assessed and documented? | Yes | No | NA |
| 1. Was an assessment for basic IL needs documented? | Yes | No | NA |
| 1. Was the entitlement decision correct, based on the documented evidence? | Yes | No | NA |
| 1. Was the Veteran provided written notification of entitlement determination? | Yes | No | NA |
| **❑ Evaluation and Planning** | | | |
| 1. Were vocational exploration activities documented? | Yes | No | NA |
| 1. Labor market information was not documented |  | | |
| 1. The suitability of the selected vocational goal was not documented. |  | | |
| 1. Justification for the type of rehabilitation plan to be developed was not documented. |  | | |
| 1. Description of how vocational goal will be achieved and planned services were not documented. |  | | |
| 1. Consideration for retroactive induction and related information were not documented. |  | | |
| 1. Estimated program charges and costs were not documented. |  | | |
| 1. Justification for exceeding the VRC’s level of approval was not documented. |  | | |
| 1. Level of Case Management was not documented or justified. |  | | |
| **❑ Plan Development** | | | |
| 1. Did the rehabilitation plan include individualized services to addresses the identified needs? | Yes | No | NA |
| 1. Were the objectives observable, measurable, and designed to meet the overall goal of the rehabilitation plan? | Yes | No | NA |
| 1. Was required concurrence documented? | Yes | No | NA |
| 1. Program cost concurrence was not documented. |  | | |
| 1. Retroactive Induction concurrence was not documented. |  | | |
| 1. Retroactive Reimbursement concurrence was not documented. |  | | |
| 1. Firearm purchase concurrence was not documented. |  | | |
| 1. Was VAF 28-0957, Vocational Rehabilitation Guidelines and Debt Prevention, signed? | Yes | No | NA |
| 1. Was the rehabilitation plan documented and signed by the Veteran and VRC? | Yes | No | NA |
| 1. Rehabilitation plan was not included in the record. |  | | |
| 1. Rehabilitation plan was not signed by the VRC. |  | | |
| 1. Rehabilitation plan was not signed by the Veteran. |  | | |
| **❑ Fast Track** | | | |
| 1. Were the criteria for provision of services under a Fast Track plan met? | Yes | No | NA |
| 1. Training was not limited to the completion of remedial and/or general education coursework. |  | | |
| 1. The Fast Track IWRP was not limited to 12 months or three consecutive terms, or there was no VREO approved extension up to 6 months or two consecutive terms. |  | | |
| 1. The Fast Track IEEP was not limited to 12 months, exceeds one term of training, or there was no VREO approved extension up to 6 months or one additional term. |  | | |
| **❑ Extended Evaluation** | | | |
| 1. Were services outlined in the IEEP designed to resolve the question of feasibility? | Yes | No | NA |
| 1. Was the duration of the IEEP appropriate? | Yes | No | NA |
| 1. The duration of the IEEP was less than two weeks. |  | | |
| 1. The duration of the IEEP exceeded 12 months. |  | | |
| 1. VREO concurrence was not obtained for an IEEP in excess of 12 months. |  | | |
| 1. Did the IEEP consist of no more than one academic term? | Yes | No | NA |
| **❑ Independent Living** | | | |
| 1. Was a Preliminary IL Assessment complete and documented? | Yes | No | NA |
| 1. Was a Comprehensive IL assessment complete and documented? | Yes | No | NA |
| 1. Was service coordination with other VA programs/grants or community-based resources documented? | Yes | No | NA |
| 1. Was assistance with applying for VA housing grants documented when home modifications are an identified need and it appears the individual may qualify? | Yes | No | NA |
| 1. Did avocational services included on the plan meet criteria? | Yes | No | NA |
| 1. The record did not document that the disability condition(s) limits or prevents participation in the avocational activity previously performed. |  | | |
| 1. Documentation did not explain how the avocational interest will improve independence. |  | | |
| 1. The plan included more than one avocational activity. |  | | |
| 1. The services were provided to update or replace existing equipment. |  | | |
| 1. Was appropriate Independent Living plan concurrence documented? | Yes | No | NA |
| **❑ Self-Employment** | | | |
| 1. Was self-employment orientation completed and documented? | Yes | No | NA |
| 1. Was the Preliminary Evaluation Self-Employment Checklist completed and documented? | Yes | No | NA |
| 1. Was self-employment plan concurrence documented? | Yes | No | NA |
| 1. Was assignment to Category I or II documented along with appropriate concurrence? | Yes | No | NA |
| 1. Was a proposed business plan documented? | Yes | No | NA |
| 1. Was a summation of business plan analysis documented? | Yes | No | NA |

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| **Reviews (For tracking only. Not included in score. Answering No does not result in an error.)** | | | |
| 1. Was the requested Higher-Level Review completed in an accurate and timely manner? | Yes | No | N/A |
| 1. The requested review was not completed accurately. |  | | |
| 1. The review was not completed in a timely manner (90 days or less from date of request). |  | | |
| 1. The review was not completed by a more experienced VRC than the individual who made the decision. |  | | |
| 1. The review indicated a Duty to Assist error, but a Supplemental Claim Review was not initiated. |  | | |
| 1. The requested informal conference was not provided. |  | | |
| 1. Was the requested Supplemental Review completed in an accurate and timely manner? | Yes | No | N/A |
| 1. The requested review was not completed accurately. |  | | |
| 1. 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). |  | | |

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| **❑ General Comments** |
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