**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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