**Case Closure Accuracy (CCA) Instrument**

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| **Question** | **Compliance** | | | |
| **All Case Closures** | | | | |
| 1. Was data entered correctly and consistently in the VR&E record? | Yes | | No | NA |
| 1. Placement date was not consistent. |  | | | |
| 1. Employer information was not consistent. |  | | | |
| 1. Job title and duties were not consistent. |  | | | |
| 1. Post-employment salary was not consistent. |  | | | |
| 1. Occupational code was not consistent. |  | | | |
| 1. Placement data was not entered in the electronic case management system or is inconsistent with the VR&E record. |  | | | |
| 1. Was all required documentation present, signed, and dated if required, prior to case closure? | Yes | | No | NA |
| 1. Rehabilitation plan was not present in the VR&E record. |  | | | |
| 1. Rehabilitation plan was not signed by the Veteran. |  | | | |
| 1. Rehabilitation plan was not signed by the VRC. |  | | | |
| 1. Rehabilitation plan was expired. |  | | | |
| 1. No copy of the diploma/certificate or transcript of records. |  | | | |
| 1. No job readiness declaration. |  | | | |
| 1. No VAF 28-0851, Activities of Daily Living Checklist when the Veteran participated in services under an IILP. |  | | | |
| 1. Did the case comply with regulatory time limits? | Yes | | No | NA |
| 1. Duration of employment services exceeded 18 months. |  | | | |
| 1. Duration of IL services exceeded 24 months (or 30/36 months with concurrence). |  | | | |
| 1. Were appropriate services provided to ensure the Veteran was able to participate in their rehabilitation plan and/or maintain suitable employment? | Yes | No | | NA |
| 1. Rehabilitation plan was not adapted to changing circumstances. |  | | | |
| 1. The Veteran was not provided post-employment services as needed. |  | | | |
| 1. The Veteran’s identified needs were not addressed or intervention was not provided as needed. |  | | | |
| 1. Did follow-up documentation include required information? | Yes | | No | NA |
| 1. Follow-up activities were not documented. |  | | | |
| 1. Follow-up documentation did not outline services provided to resolve issues encountered. |  | | | |
| 1. Attempts to contact the Veteran by all available means (letter, email, phone) were not documented. |  | | | |
| 1. Follow-up documentation did not discuss the Veteran’s progress or adjustment to employment. |  | | | |
| 1. Was follow-up conducted for the appropriate length of time? | Yes | | No | NA |
| 1. Employment Rehabilitation: Length of follow-up was not at least 60 days. |  | | | |
| 1. Temporary or Self-Employment Rehabilitation: Length of follow-up was not at least 1 year. |  | | | |
| 1. Independent Living: Length of follow-up was not at least 60 days |  | | | |
| 1. Discontinued or MRG: Length of follow-up was insufficient to demonstrate attempts to motivate Veteran to return to active participation the rehabilitation plan. |  | | | |
| 1. Was follow-up conducted at the appropriate frequency? | Yes | | No | NA |
| 1. JR status: Monthly follow-up was not documented. |  | | | |
| 1. 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. |  | | | |
| 1. IL status: Monthly follow-up was not documented. |  | | | |
| 1. Did the closure statement clearly explain the decision to close the case, including all required information? | Yes | | No | NA |
| 1. There was no documented closure statement. |  | | | |
| 1. The closure statement did not clearly explain the decision. |  | | | |
| 1. Required information was not included in the closure statement. |  | | | |
| 1. The closure statement did not include current circumstances. |  | | | |
| 1. Was VREO/AVREO concurrence provided prior to closure? | Yes | | No | NA |
| 1. VAF 28-0850, Checklist for Proposed Rehabilitation was not signed and dated by the VREO/AVREO. |  | | | |
| 1. VAF 28-0962, Checklist for Proposed Self-Employment Rehabilitation was not signed and dated by the VREO/AVREO. |  | | | |
| 1. VAF 28-0853, Checklist for Proposed Discontinuance was not signed and dated by the VREO/AVREO. |  | | | |
| 1. Was the correct Reason Code used? | Yes | | No | NA |
| 1. The correct Rehabilitation Reason Code was not used. |  | | | |
| 1. The correct Discontinuance Reason Code was not used. |  | | | |
| 1. The correct MRG Reason Code was not used. |  | | | |
| 1. Was appropriate due process provided prior to closure when required? | Yes | | No | NA |
| 1. The period of due process was not at least 30 days. |  | | | |
| 1. The date on the due process letter was inconsistent with the date the action was taken. |  | | | |
| 1. Employment in occupation other than the goal outlined on the rehabilitation plan, but was not provided due process. |  | | | |
| 1. Further education pursued, but was not provided due process. |  | | | |
| 1. Third party employment information used, but was not provided due process. |  | | | |
| 1. Recalled to active duty, but was not provided due process |  | | | |
| 1. IILP objectives not complete, but was not provided due process. |  | | | |
| 1. MRG reason code used for discontinuance, but was not provided due process |  | | | |
| 1. Discontinued, but was not provided due process. |  | | | |
| 1. 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 |
| 1. Notification of Rehabilitation Decision was not sent to the Veteran. |  | | | |
| 1. Notification of Discontinuance Decision was not sent to the Veteran. |  | | | |
| 1. Notification of MRG Decision was not sent to the Veteran. |  | | | |
| 1. The effective date was incorrect or missing from the closure letter. |  | | | |
| 1. The justification or explanation for the closure decision was missing or unclear in the closure letter. |  | | | |
| 1. The Veteran was not provided appellate rights with the closure letter. |  | | | |
| **Rehabilitated** | | | | |
| 1. Was the decision to close the case in Rehabilitated status correct based on documented evidence in the record? | Yes | | No | NA |
| 1. Documented information did not support the decision to move the case to Rehabilitated status. |  | | | |
| 1. Criteria for rehabilitation outlined in 38 CFR 21.283 were not met. |  | | | |
| **Discontinued** | | | | |
| 1. Was the decision to close the case in Discontinued status correct? | Yes | | No | NA |
| 1. Documented information did not support the decision to move the case to Discontinued status. |  | | | |
| 1. Sufficient attempts to motivate the Veteran did not occur before the case was discontinued. |  | | | |
| 1. The Veteran indicated a desire to re-enter services, but this was not addressed. |  | | | |
| 1. IL needs were not evaluated prior to Discontinuance when achievement of a vocational goal was determined infeasible. |  | | | |
| 1. An extension was not considered prior to Discontinuance when the Veteran exhausted 48 months of entitlement or reached the 12-year termination date. |  | | | |
| **MRG** | | | | |
| 1. Was the decision to Discontinue the case using an MRG reason code correct? | Yes | | No | NA |
| 1. Documented information did not support the decision to move the case to Discontinued status using an MRG Reason Code. |  | | | |
| 1. Sufficient attempts to motivate the Veteran did not occur before the case was discontinued. |  | | | |
| 1. Substantial improvement in the Veteran’s circumstances (employment or employability) was not directly attributable to services provided by VR&E. |  | | | |

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| **Reviews (For tracking only. Not included in score calculation. 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 review 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 Comment** |
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