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| **PART IV. Evaluation, Entitlement and Rehabilitation Planning**  **Section C. Plan Development** | |
| **CHAPTER 2. CONSIDERATIONS FOR THE DEVELOPMENT AND**  **ADMINISTRATION OF THE REHABILITATION PLAN** | |
| **Objectives:** | After completion of this training, a VR&E staff is expected to:  • Understand the different aspects of a rehabilitation plan and the necessary services for the Veteran to achieve his or her rehabilitation goal.   * Identify the different components necessary in developing a rehabilitation plan. * Define the role of the VRP in selecting a vocational goal and rehabilitation services for Veteran’s with serious employment handicap. |
| **Contents:** | **Vocational Rehabilitation Panel’s (VRP) Role in Plan Development**  a. VRP Referral  b. Roles and Responsibilities  c. VRP Summary Case Review  d. Integrating VRP Findings  **Determining Program Participation Rates**   1. Full-Time Participation 2. Less than Full-Time Participation 3. Less than Half-Time Participation 4. Participation for Working Veterans 5. Reduced Work Tolerance   **Case Management Appointments**   1. Definitions 2. Case Management Level 3. Frequency of Case Management Appointments   **Retroactive Induction**   1. Criteria for Retroactive Induction 2. Roles and Responsibilities 3. Completing the Retroactive Induction 4. Limitations |
| **Exercises:** | 1. What is a Vocational Rehabilitation Panel? Explain the roles and responsibilities for establishing and conducting deliberations by the VRP. How are referrals made to the VRP? Discuss the required documentation for the VRP and how the findings are integrated in the evaluation and planning. 2. How is a Veteran’s participation in a training program determined? How is program participating determined if the Veteran is working? 3. When is reduced work tolerance granted to a Veteran? Who makes the determination for reduced work tolerance? Discuss the procedure for implementing reduced work tolerance. 4. Discuss the process of monitoring a Veteran’s progress in his or her rehabilitation program. What are the means and frequency for monitoring the progress? Define the levels of case management. 5. When is retroactive induction authorized? Describe the process and procedures for authorizing retroactive induction. Describe the instances in which retroactive induction is not authorized. |
| **Rescission Information:** | Part IV rescinds the following M28 and M28-1 Chapters:  M28, Part IV, Subpart iii, Chapters 1-7  M28, Part IV, Subpart iv, Chapters 1-9  M28-1, Part II, Chapters 2, 6, and 8  The following VR&E Circulars and letters are also rescinded: |