Rehabilitation Services and Vocational Assistance Plan: Assessments, Development and Implementation

Issuing Authority: Director General, Policy and Research
Effective Date: 1 April 2024
Document ID: 2833

Table of Contents

Purpose
Policy
General
Health Problems resulting in Rehabilitation Needs
Assessment of Rehabilitation and Vocational Assistance Needs
Developing Rehabilitation or Vocational Goals
Determining Rehabilitation Services or Vocational Assistance
Rehabilitation Services and Vocational Assistance
Authorization of Rehabilitation Services
Sequence of Payment
Evaluation of a Plan
Duration of a Plan
Participation in a Rehabilitation or Vocational Assistance Plan
Completion of a Rehabilitation or Vocational Assistance Plan
Providing Rehabilitation to Participant's Living Abroad
Suspension of Services
Cancellation of a Rehabilitation or Vocational Assistance Plan
References

Purpose

This policy provides the following direction for rehabilitation plans or vocational assistance plans as authorized by the Rehabilitation Services and Vocational Assistance Program (subsequently referred to as the Rehabilitation Program) under Part 2 of the *Veterans Well-being Act*: the assessment of rehabilitation needs; plan development including authorization of services and sequence of payments; plan implementation; plan evaluations; and plan suspension, completion or cancellation for participants residing in or out of Canada.

For Veterans with eligibility that protects and limits access to specific rehabilitation services and expenses, this policy should be applied in accordance with the parameters of their eligibility.

Policy

General

1. For the purposes of this policy any reference to “plan” means a rehabilitation plan or vocational assistance plan as authorized under Part 2 of the *Veterans Well-being Act*.
2. The purpose of the plan is to oversee the provision of a broad range of rehabilitation and vocational assistance services to eligible participants (i.e., eligible Veterans, spouses, common-law partners (CLPs) and survivors) in order to assist in their re-establishment to civilian life by addressing barriers to re-establishment that limit performance of roles in home, community and workplace.
3. The Rehabilitation Program is intended to address the individual needs of eligible participants’ as follows:
    a. In the case of Veterans transitioning to civilian life, the Program aims to address individual needs by helping eligible participants cope with and improve, to the extent possible, any barriers to function, social adjustment or employability due to mental or physical health problems for which they are eligible.
        i. to function, social adjustment or employability due to mental or physical health problems resulting primarily from service; or
        ii. to function or social adjustment due to mental or physical health problems that led to their medical release - for rehabilitation plans developed prior to April 1, 2024 .
    b. In the case of spouses, CLPs or survivors, the Program aims to help them transition to civilian life by restoring their employability by meeting vocational needs arising from their experience during the Veteran’s military career or from providing care to the Veteran.
4. Veterans with health problems not resulting primarily from service may continue to access rehabilitation services in accordance with their eligibility:
    a. For those eligible for medical, psychosocial and vocational rehabilitation services prior to April 1, 2019, they may continue to participate in their rehabilitation plan.
    b. for those eligible for medical and psychosocial rehabilitation services (eligible between April 1, 2019 and March 31, 2024), they may continue to participate in their rehabilitation plan

    Refer to the Rehabilitation Services and Vocational Assistance – Eligibility and Application Requirements policy for additional details on eligibility criteria for these groups of Veterans and the associated rehabilitation services they are eligible to access.

5. Once a Veteran, spouse, CLP or survivor is determined eligible for the Rehabilitation Program, VAC will assess the participant in accordance with their eligibility status to determine their medical, psycho-social, vocational rehabilitation or vocational assistance needs. The assessment of rehabilitation needs is the first step of a rehabilitation plan and will provide the information necessary to establish rehabilitation goals or vocational assistance goals and the necessary services to achieve these goals in order to address the eligible participant’s barrier(s) to re-establishment. For information on eligibility to the program, refer to the Rehabilitation Services and Vocational Assistance – Eligibility and Application Requirements policy.
6. Depending on the assessment of the participant’s rehabilitation or vocational assistance needs, the objective of a rehabilitation or vocational assistance plan is improved functional capacity and/or employability that will support improved role performance in home, community life and/or work place. Ultimately, as a result of participation in the Rehabilitation Program, the participant’s barriers to re-establishment will be addressed to the extent possible.
7. The rehabilitation plan will coordinate required rehabilitation services and may provide funding for eligible participants to access rehabilitation services otherwise unavailable through other providers (e.g., VAC Treatment Benefits or provincial / territorial health systems). All services will be required to achieve the rehabilitation goals that were identified as part of the assessment of rehabilitation needs.
8. The success of any plan depends on the participant’s active participation in each aspect of the plan. Failure to participate in the components of a plan may result in suspension of a Veteran’s Income Replacement Benefit (IRB) (for more details see the Income Replacement Benefit policy) and possible cancellation of the rehabilitation or vocational assistance plan for any participant.

9. The participant must be advised of all the Rehabilitation Program decisions (e.g., eligibility, approval of assessments, goals, authorization of services, authorization of payments, plan evaluations, diminished earnings capacity [DEC] determinations, plan completion, suspension of services or cancellation of plans). The decision must be provided in writing and must include the decision rationale and the participant's review rights.
10. For more information on reviews please refer to the policy entitled Review of Part1, Part 1.1, Part 2 and Part 3.1 Decisions under the Veterans Well-being Act.

Health Problems resulting in Rehabilitation Needs

10. In the case of Veterans, the only physical and mental health problems addressed in the rehabilitation plan are those for which the Veteran is eligible for the program.
11. In the case of a spouse, CLP or survivor, the only physical or mental health problem that may be addressed are those posing as a barrier to engaging in a vocational assistance plan as assessed by an appropriate health care or rehabilitation provider.
12. While eligible participants may have other health problems not identified in paragraphs 10 and 11, these health problems are not within the mandate of the Rehabilitation Program. Case examples of other health problems are as follows:
    a. **Case Example 1**: A Veteran is eligible for the Rehabilitation Program due to major depressive disorder and has begun their rehabilitation plan with psychological treatment. Two months into the rehabilitation plan the Veteran has a stroke which results in left side paralysis and cognitive impairments. In this situation, while VAC may evaluate the Veteran's eligible health problem to determine if the rehabilitation plan remains realistic and achievable. Any new physical and psychological treatments required for the stroke would be the responsibility of provincial health care system and not the VAC Rehabilitation Program.
    b. **Case Example 2**: A spouse or CLP of a Veteran (deemed to have a DEC) applies for vocational assistance but has severe arthritis preventing their ability to obtain appropriate employment. Since the spouse or CLP would have no vocational assistance needs, the responsibility for the health problem rests with the provincial health system and other coverage, not the VAC Rehabilitation Program.
13. Addressing barriers created by health problems listed in paragraphs 10 and 11 is the primary focus of a plan. However, it may be necessary to address other health problems as part of a rehabilitation plan when they prevent a successful rehabilitation of the barrier primarily created by an eligible health problem(s). Legislation requires that; "In developing a rehabilitation plan, or a vocational assistance plan, the Minister shall be guided by current research in the fields of rehabilitation and vocational assistance." Current research suggests that best practices in rehabilitation and vocational assistance require a holistic approach in assessing the needs of the eligible participant. A holistic approach recognizes that health problems commonly interact with one another and may prevent successful rehabilitation if not addressed in the rehabilitation plan.
14. Based on a holistic approach, VAC may address health problems not identified in paragraphs 10 and 11 so that participants are better positined to achieve their rehabilitation or vocational goals. VAC will consider the following parameters when determining whether or not to address other health problems:
    a. The other health problems, if not addressed, will exacerbate the eligible health problem that is the focus of the rehabilitation plan; and
    b. The other health problems, if not addressed, will significantly limit the capacity of the participant to engage in the rehabilitation plan.
        - For example:

i. A participant is eligible for the Program for a knee problem. However they have both a knee and an ankle problem which together affects their performance in their roles and poses a barrier to re-establishment, i.e., intolerance to standing or walking limits her ability to function at home and work. Services may be approved in order to achieve the rehabilitation objectives for their knee and to address the shared effects of both conditions in order to improve standing and walking tolerances at work and home.
ii. A participant is eligible for the program for Post-Traumatic Stress Disorder (resulting primarily from service), however, they also have sleep apnea affecting their performance in their roles at home, in the community and at work and which poses a barrier to re-establishment, i.e., fatigue and concentration difficulties. Services may be approved for the shared effects of this condition to improve sleep and problem solving in order to improve performance of their roles at home, in the community and at work (the rehabilitation goals).

15. Any service provided under a rehabilitation plan to address barriers associated with these other health problems are limited to the time required to achieve the rehabilitation goals for eligible health problems and do not represent a commitment to provide ongoing health services for the other health problem beyond the time frame of the rehabilitation plan.

Assessment of Rehabilitation and Vocational Assistance Needs

16. The Rehabilitation Program is needs based and VAC must identify through assessments eligible participant's medical, psycho-social and / or vocational rehabilitation needs resulting from the barrier(s) to re-establishment.
17. This assessment will determine a person's potential to improve, which is key to developing a comprehensive rehabilitation or vocational assistance plan to address the respective need and overcome to the extent possible any barriers to re-establishment.
18. Each participant must have their eligible health problem(s) and / or vocational status assessed per their eligibility status in order to identify the appropriate rehabilitation goals and the necessary services to attain the goal. Decision makers should consult and gather expert advice from the community and with VAC professionals where necessary.
19. Veteran with a health problem resulting primarily from service and causing a barrier to re-establishment, or those eligible prior to April 1, 2019, will be required to have their medical, psycho-social and vocational rehabilitation needs assessed.
20. Spouse or CLP of a Veteran, who will not benefit from vocational rehabilitation due to a DEC, will be required to have their vocational assistance needs assessed. If VAC determines based on the assessment that a vocational assistance need exists, VAC may then request that the spouse or CLP have an assessment of their medical, psycho-social and vocational rehabilitation needs.
21. Survivor of a member or Veteran whose death was due to service-related injury or disease or a non-service-related injury or disease that was aggravated by service will be required to have their vocational assistance needs assessed.
22. Veteran with health problem not resulting primarily from service, which led to a medical release after April 1, 2019 and prior to April 1, 2024, will be required to have their eligible medical and psycho-social needs assessed.
23. VAC may determine that an assessment by a provider is not necessary when the Department has a current assessment of a rehabilitation need by a provider.
24. A Veteran who is eligible for both VAC Rehabilitation Services and Vocational Assistance Program and the Canadian Armed Forces Long Term Disability (CAF-LTD) Program must have their vocational rehabilitation needs assessed. Eligibility under CAF LTD does not preclude VAC from conducting an

assessment.The assessment of medical and psycho-social needs will determine if there is rehabilitation potential (i.e. potential for improvement in basic physical functioning, basic psychological functioning, independent functioning, social adjustment and/or employability and role performance) for the participant to reach their potential, improve role performance and reduce or resolve the barrier to re-establishment. In the case of spouses, CLPs or survivors, this assessment is conducted after VAC has determined a need for vocational assistance.

25. The assessment of an eligible Veteran's vocational rehabilitation needs will determine:
    a. if the Veteran's eligible health problem(s) limits their ability to obtain appropriate employment as defined in paragraph 27;
    b. the level of transferable skills and experience, as acquired during a Veteran's military career and any previous civilian training/employment;
    c. the extent to which a Veteran is able to engage in the work force;
    d. the potential for improvement for employability and role performance in the workplace.
26. The assessment of a spouse's, CLP's or survivor's vocational assistance needs will determine, if there is:
    a. a reduced ability to be employable or obtain appropriate employment as defined in paragraph 26;
    b. in the case of a spouse or CLP, a need to seek other appropriate employment as the current occupation no longer suits the unique needs of the family as a result of the Veteran's health problems; or
    c. in the case of a survivor with dependent children, a need to seek other appropriate employment as the current occupation no longer suits the unique needs of the family as a result of a Canadian Armed Forces (CAF) member's or Veteran's death.
27. Appropriate employment includes any occupation that is suitable for the participant given the state of their health and extent of their education, training, skills and experience, and should aim to:
    a. In the case of an eligible Veteran:
        i. Obtain employment that:
            - is comparable as possible to the level of skill, responsibility, duties and/or remuneration of what the Veteran previously had attained while serving in the military; or
            - would provide earnings comparable to 66 2/3% of the minimum amount used for IRB purposes, if this amount is higher than the remuneration attained while serving in the military.
    b. In the case of an eligible spouse, CLP or survivor:
        i. Obtain employment that is as comparable as possible to the level of skill, responsibility, duties and/or remuneration to what the spouse, CLP or survivor had previously established in an occupation that they were unable to maintain;
        ii. Obtain employment that is commensurate to the spouse's, CLP's or survivor's level of education, skill and/or experience, where current employment does not avail itself to these factors; or
        iii. Obtain employment that is commensurate to the spouse's, CLP's or survivor's level of education, skill and/or experience when unemployed.
28. There are circumstances where, upon assessment by a provider, it is determined that there is no rehabilitation need as there is no potential for improvement in overcoming the barrier(s) to re-establishment or vocational need. In such cases, rehabilitation services or vocational assistance are not required and a plan will not be further developed for a Veteran, spouse, CLP or survivor. Plans will be considered complete in these cases (for more details on completion refer to the Completion of a Rehabilitation or Vocational Assistance Plan section of this policy).

Developing Rehabilitation or Vocational Goals

28. VAC determines based on a provider's assessment the extent of improvement of a person's role function at home, in the community, and in the work place and in doing so will address the barrier(s) to re-establishment caused by an eligible health problem(s). This identified extent of improvement will lead to the establishment of goal(s) under the eligible participant's plan.
29. Goals should be specific, measurable, achievable, realistic, and timely so that eligible participants understand the overall objective of their plan and how their progress will be evaluated.

Determining Rehabilitation Services or Vocational Assistance

30. Once an assessment has determined that there is potential for improvement in an eligible participant's role performance, and associated rehabilitation goals have been established, VAC will determine the rehabilitation services or vocational assistance required to achieve the goal(s) to overcome to the extent possible, the barrier(s) to re-establishment as well as the time required to address the rehabilitation or vocational need. This determination will take into consideration the principles and factors outlined in this policy.
31. Once VAC determines a service is necessary to achieve a goal, it becomes part of the rehabilitation or vocational assistance plan. This does not mean that VAC will necessarily authorize the payment for the service under the Rehabilitation Program, but rather VAC will take a coordinating role to ensure that the intent of services, particularly those provided through other programs, are in line with the goals of the plan.
32. Where rehabilitation services are not readily available through other programs, VAC may authorize payment under the plan for the necessary rehabilitation service(s).
33. When determining a rehabilitation service or vocational assistance under a plan, the following **principles** shall be considered:
    a. that services be focused on addressing the needs of the participant;
    b. that services will involve family members to the extent required to facilitate the rehabilitation;
    c. that services be provided as soon as practicable;
    d. that services be focused on building upon previous education, skills, training and experience of the participant; and
    e. that services provided not be focused solely on the Veteran participant's military occupation.
34. When developing a rehabilitation or a vocational assistance plan, the following **factors** shall to be considered:
    a. the potential for improvement to a participant's physical, psychological and social functioning, employability and quality of life;
    b. the need for family members to be involved in the provision of services;
    c. the availability of local resources;
    d. the motivation, interest and aptitudes of the participant;
    e. the cost effectiveness of the plan; and
    f. the duration of the plan.
35. The principles and factors need to be considered in the development of the plan as they give guidance on:
    a. having realistic expectations of a participant's improvement in their physical, psychological and social functioning, employability and quality of life;
    b. the importance of individualizing the plan by considering the particular interests and aptitudes of the participant as well as what motivates them; and parameters such as using local services and ensuring the cost and duration of the plan are reasonable.
36. VAC will develop a plan that will include required services and authorization of payment for any required service(s) that would otherwise be unavailable (for more detail see Sequence of Payment and Authorization of Rehabilitation Services sections of this policy). The plan will address any rehabilitation

need / barrier to re-establishment by identifying:

a. the goal (i.e., the extent to which improvement is expected) to address the barrier to re-establishment associated with an eligible health problem(s);
b. the rehabilitation service(s) or vocational assistance needed to meet the goal;
c. the rationale for the rehabilitation service(s) or vocational assistance. Where VAC is including a rehabilitation service to address a non-eligible health problem(s) that limits the ability to achieve the goal(s) of the plan, the rationale will explain how the service satisfies the parameters identified in paragraph 14 of this policy;
d. the rationale for payment of any rehabilitation service through the Rehabilitation Program that would otherwise be readily unavailable (guidelines for rates and frequency can be found in the Authorization of Rehabilitation Services and Benefits section of this policy);
e. steps including frequency of participating in a service that the participant must undertake to meet the plan's goal(s); and
f. the duration of the plan.

37. Including a rehabilitation service under a plan recognizes the need for the service and the steps to meet a rehabilitation goal. Development of a plan will assist VAC in coordinating all services necessary to meet a goal under a rehabilitation or vocational assistance plan as well as help determine a participant's progress and participation in meeting this goal.
38. VAC will develop the rehabilitation or vocational assistance plan collaboratively with the rehabilitation participant to ensure that they understand their rehabilitation needs, goals, participation requirements, and rationale for how the plan addresses their needs.
39. To ensure the best rehabilitation outcome is achieved, VAC will consider the participant's interests, abilities and motivation. However, based on assessments VAC must distinguish between a participant's 'need' versus 'want'. VAC will only authorize services that clearly address what is **necessary** for the participant to achieve their rehabilitation goal.
40. VAC is responsible for the development of a rehabilitation plan for eligible Veterans. The rehabilitation plan may include medical or psychosocial rehabilitation services required to achieve a rehabilitation goal for a Veteran, as well as vocational rehabilitation provided through CAF-LTD to address an assessed vocational need. CAF-LTD is responsible for developing a vocational rehabilitation plan to address any vocational needs for the period that the participant is eligible for CAF LTD and the plan may be used by VAC to fulfill the vocational component of the Rehabilitation Plan.
41. VAC and CAF LTD will coordinate rehabilitation and vocational services, via the process as outlined in the MoU among VAC/DND/CAF concerning the coordination of rehabilitation services and income replacement in order to eliminate duplication of services. VAC will not provide funding for any vocational services or related expenses while a Veteran is eligible for the CAF-LTD Vocational Rehabilitation Program.
42. For a Veteran with health problems not resulting primarily from service, who is medically released and subject to the transition provisions (VWA sections 167-168) VAC is responsible for the development of a medical/psycho-social rehabilitation plan. The rehabilitation plan may only include medical and psycho-social rehabilitation services required to achieve a rehabilitation goal for a Veteran. CAF-LTD is solely responsible for developing a vocational rehabilitation plan to address the vocational needs of these Veterans. This is not incorporated into the VAC rehabilitation plan.
43. In accordance with section 16 of the VWA and section 13 of the *Veterans Well-being Regulations* (VWR), eligible participants may be refused rehabilitation services or vocational assistance services when:
    a. these services are available as an insured service under a provincial health care system, a provincial or federal workers' compensation plan or any other plan that may be prescribed, including CAF-LTD;
    b. these services have already been provided by VAC or another organization or provider;

c. other reasonable circumstances for refusal. In determining what those circumstances are, VAC may consider the Principles and Factors prescribed in sections 8 and 9 of the VWA and VWR. For example, rehabilitation services may be refused when: a participant is not motivated to participate; the duration or cost of the Rehabilitation Program Plan is unrealistic; or improvement would not be expected because the participant may have achieved maximum medical recovery or has a terminal health condition.

44. Refusal applies only to specific services as described above, not usually to the entire rehabilitation plan.

Rehabilitation Services and Vocational Assistance

45. The types of rehabilitation services available are medical, psycho-social and/or vocational rehabilitation.
46. Medical services would include any physical or psychological treatment aimed at stabilizing and maximizing basic physical and psychological functions of the eligible participant. Examples include, but are not limited to, medical treatments, psychiatric treatment, prosthetics and aids, occupational therapy, physiotherapy, massage therapy, and medications.
47. In circumstances where an eligible participant does not have coverage that provides assistive devices or equipment for the medical condition for which they were released from service, VAC may provide these through the Rehabilitation Program where necessary to support the participant's medical rehabilitation needs and their ability to function.
48. Psycho-social services are available to restore eligible participants' independent functioning and to facilitate their social adjustment through psychological or social interventions. Examples include, but are not limited to, psychological counselling, life skills, and family, relationship or couples counselling.
49. Vocational rehabilitation services reflect the phase of rehabilitation where eligible participants' are able to focus on options for a return to work. A vocational rehabilitation service provider will identify, in consultation with the participant, an appropriate occupational goal based on the state of their health and the extent of their education, skills and experience. Examples include career finding services, education or training.
50. Vocational assistance can be provided to eligible survivors, spouses or common-law partners to help the individual to find appropriate employment. Vocational assistance may include employability assessments, career counselling, training, job-search assistance and job-finding assistance.

Authorization of Rehabilitation Services

51. While under the authority of the VWA, there are no explicit limits for rehabilitation services, the type of rehabilitation services, frequency of service and the rates payable for services that are included in an approved rehabilitation plan. The rehabilitation plan will be pre-approved and decided upon by VAC in accordance with what is required to attain the rehabilitation goal. Eligible participants may request rehabilitation services that they would like to have included or covered within their rehabilitation plan; however, if these services or benefits are not deemed necessary to achieve an identified rehabilitation goal, they are not to be included or authorized in the rehabilitation plan.
52. A Participant's Rehabilitation Plan will identify services and their related costs as approved by VAC. A veteran may be eligible for services under Treatment Benefits; however if those services have a rehabilitation focus to achieve an identified goal, they will be incorporated into the Veteran's rehabilitation plan and funded at a predetermined rate through VAC's third-party service provider. If those services are not incorporated into the rehabilitation plan, they will continue to be funded under Treatment Benefits. For more direction please refer to the "Distinctions Between Treatment Benefits and Medical or Psychosocial Rehabilitation Services" program directive.

53. The authorization of all rehabilitation services and benefits will require a solid rationale to support the decision to approve payment and ensure that no risk to the participant's health, well-being or progress within the rehabilitation process will result from the intervention.
54. Eligible rehabilitation participants may not require a prescription for any medical or psycho-social service identified in a plan, except for where a prescription is required by provincial law, i.e. pharmaceutical prescriptions. Rather, the need and legitimacy of the service will be confirmed by VAC as being appropriate in each particular case, based on rehabilitation assessments and other evidence available. VAC will seek additional evidence as required, i.e., consultation with appropriate health/rehabilitation practitioners. When authorizing a medical or psycho-social intervention, VAC will weigh all relevant information and evidence. It will be the sole responsibility of VAC to authorize medical and psycho-social services based on their assessment of the evidence before them pertaining to each individual case.
55. Eligible participants may also require and be authorized for medical and psycho-social interventions for services and benefits not currently included on the VAC benefit grid. VAC will determine the necessary rehabilitation services and frequency based on the evidence provided through the assessment or evaluation that identified the extent for improvement and services required to achieve this improvement.
56. Consultation should occur when there are significant issues of policy or legislative interpretation, for example any of the following situations (for more examples please refer to the section 5.1 of the Decision Making Policy Guidebook 2011):
    a. decisions which approve higher than average expenditures typically associated with the provision of that particular benefit;
    b. novel or off-grid treatment benefits or services that raise questions around risks to a participant's health and safety (for example, where benefits are provided by persons who are not part of a licensed or regulated group); and
    c. cases with sensitivities related to public visibility.

Sequence of Payment

57. When an eligible participant (e.g., Veteran) is eligible for the Rehabilitation Program and other programs (including VAC programs) at the same time for the same health problem, VAC will follow a sequence of payments to determine whether payment of a rehabilitation service will be funded under the rehabilitation plan.
58. In the case of Rehabilitation program eligible health problems, the following sequence (i.e., with "first" payor listed first, and "last" payor listed last) in accessing sources of payment for rehabilitation services is as follows:
    a. VAC pays for treatment benefits related to conditions entitled to a VAC disability benefit (A-line clients);
    b. Provincial/territorial plans;
    c. VAC pays for B-line treatment not covered by the province/territory;
    d. VAC pays for necessary medical and psycho-social rehabilitation services for an eligible health problem(s) under the Rehabilitation Program;
    e. Public Service Health Care Plan (PSHCP) pays for eligible treatment not covered by either VAC or the province.
59. If a Veteran has re-enrolled in the CAF while still participating in the VAC Rehabilitation Program, VAC will continue pay for their rehabilitation services only to the extent that they are not available to them as a CAF member.

Evaluation of a Plan

60. Rehabilitation Program participants will progress at different rates and may progress more quickly than anticipated or have delays due to unexpected circumstances such as deterioration of health, re-injury, additional health issues, or family circumstances.
61. VAC will regularly evaluate a rehabilitation or vocational assistance plan to determine the eligible participant's progress, or to respond to new information or a change in a participant's circumstances. As a result of this evaluation VAC may request the participant to undergo a medical exam or assessment of their eligible health problems by a person specified by VAC.
62. Failure to undergo a requested examination or assessment without reasonable cause will be considered as not participating in the plan and may lead to cancellation of the rehabilitation or vocational assistance plan, as per subsection 15(3) of the VWA (for more details see the sections on Participation in a Rehabilitation or Vocational Assistance Plan and Cancellation of a Rehabilitation or Vocational Assistance Plan within this policy).
63. Based on the evaluation and/or medical exams or assessments, VAC may modify an eligible participant's rehabilitation or vocational assistance plan. These modifications may result in revised goals, steps and durations to ensure that the plan remains relevant with realistic and achievable goals.
64. The evaluation of the plan and any modifications are authorized under sections 14 and 15 of the Act. They are not reviews or Minister own motions under section 83 of the Act. For example, a goal, step or duration may need to be adjusted, if a participant is not fully successful in completing a step or incurs a new health problem(s).
65. If a participant has a training component to their Rehabilitation Plan and does not meet the course/program/certification requirements, this may trigger an evaluation to the participant's plan. Discussions and/or assessments should occur with the participant in order to determine if the vocational goals continue to be realistic or if they require additional support such as tutoring, or to ensure that they are vocational ready and can continue with their vocational services.
66. In some circumstances the evaluation may reveal that an eligible Veteran has previously unidentified health problem(s) that resulted primarily from service and may be creating barriers to re-establishment. In these instances, the participant should apply to establish rehabilitation eligibility for the health problem(s) in order to have them addressed within the rehabilitation plan.

Duration of a Plan

67. There is no fixed time prescribed in legislation for a rehabilitation or vocational assistance plan. The duration is fixed based on the eligible participant's unique circumstances and it may be adjusted as needed per an evaluation of the participant's plan.
68. At the onset of a plan being developed, a completion date should be set based on rehabilitation/vocational assistance assessments and available reports that indicate the point when the participant's rehabilitation goals are expected to be achieved. Setting timelines is an important factor of Rehabilitation Program plan as it enhances the focus and motivation of participants and supports accountability. The concept for planning in a rehabilitation context is based on knowledge of setting the overall plan goals first and the steps required to reach a participant's goals. Thorough rehabilitation/vocational assistance assessments are key to an accurate estimation of the time required to meet the goals of a rehabilitation or vocational assistance plan.
69. The rehabilitation or vocational assistance plan is completed when the goals are met or no further improvement is anticipated. Any other outstanding non rehabilitation needs, including ongoing maintenance services, may be addressed through other VAC programs (e.g. Treatment Benefits Program related to disability benefit conditions and the PSHCP) and/or through provincial/territorial and community-based services.

Participation in a Rehabilitation or Vocational Assistance Plan

70. Specific expectations regarding participation in the plan will be based on the individual needs of the participant as outlined in their plan which was acknowledged by both the participant and VAC. In developing a plan, VAC is to make participants aware of their participation requirements (see section of this policy on Development of a Rehabilitation or Vocational Assistance Plan).
71. Evaluations will provide VAC with information to determine whether an eligible person is participating to a satisfactory level in meeting the requirements and goals of the rehabilitation or vocational assistance plan.
72. Participants must inform VAC of any cause as to why they are unable to meet the requirements as outlined in their plan.
73. A person will be considered as not participating in their plan, when they fail to meet the requirements for assessments, development, implementation or evaluations of their plan (e.g., failing to attend any planned assessments, evaluations or services). However where there is reasonable short term cause (e.g., illness or death in the family) that interferes with participation, VAC will consider the person as participating and will adjust the plan to address any new circumstances.
74. There may also be circumstances that are out of the participant's control and that may lead to an extended gap in participation in their rehabilitation plan. Circumstances lasting more than 3 months should be considered on a case-by-case basis and in consultation with VAC's Rehabilitation Program Management to determine, if there is reasonable cause for the gap and whether a person has the ability to participate in their plan to the extent required.
75. There may also be circumstances where VAC will identify trends or ongoing gaps of failing to meet the components of a plan (e.g., consistent or routine inability to meet pre-arranged assessments, evaluations, appointments or services). Even though the participant has routinely communicated a cause for the gap, VAC may consider these circumstances on a case-by-case basis to determine whether the cause would continue to be reasonable given the person's case history.
76. Failure to participate in a rehabilitation plan:
    a. May lead to suspension of a Veteran's IRB, where non-participation pertains to the health condition(s) for which the Veteran is eligible for the Rehabilitation Program and IRB subject to subsection 18(2)(b) of the Act (see Income Replacement Benefit policy for more details); or
    b. may lead to cancellation of the Rehabilitation Plan for any eligible participant (see section Cancellation of a Rehabilitation or Vocational Assistance Plan in this policy).
77. VAC must make all reasonable efforts to encourage a person's participation as well as ensure that the plan remains realistic and achievable.
78. VAC must weigh any non-participation in the context of the whole plan to determine whether a person is participating to the extent required to substantially meet the overall goals of their plan or whether the plan needs to be evaluated to ensure that it remains realistic and achievable (see section in this policy Evaluation of a Plan).

Completion of a Rehabilitation or Vocational Assistance Plan

79. The following are general guidelines for determining when a rehabilitation or vocational assistance plan should be completed:
    a. when the initial rehabilitation or vocational assistance plan assessment does not identify any rehabilitation needs as there is no potential for improvement in overcoming the barrier(s) to re-establishment;
    b. when an evaluation by VAC indicates that the relevant (based on eligibility) rehabilitation needs have been assessed (medical, psychosocial and/or vocational) and the participant has met or

substantially met the goals of the rehabilitation or vocational assistance plan;
   c. when an evaluation by VAC finds that the rehabilitation needs have been assessed (medical, psychosocial and/or vocational) and the evidence establishes that further intervention will not be effective in achieving rehabilitation or vocational assistance goals;
   d. when a participant's health problem(s) deteriorates to the point where participation in the rehabilitation or vocational assistance plan is no longer possible; or
   e. when the decision maker learns of a participant's death.

80. DEC determinations must be rendered while an eligible Veteran is participating in a rehabilitation plan (before completion) and, where relevant, before the Veteran's 65th birthday (For more details, see Diminished Earnings Capacity Determination policy).
81. After a rehabilitation or vocational assistance plan is completed, a participant may re-apply and may be eligible for the Rehabilitation Program provided they meet the eligibility requirements (for more details, see Rehabilitation Services and Vocational Assistance – Eligibility and Application Requirements policy).
82. When a Veteran completes the component(s) of a rehabilitation plan for a health problem(s) for which the Veteran is IRB-eligible, their IRB will end - unless they have a DEC. (See the Income Replacement Benefit policy for more detail).

Providing Rehabilitation to Participant's Living Abroad

83. An eligible Veteran, spouse, CLP or survivor who resides abroad, either temporarily or permanently, may also be eligible for VAC's Rehabilitation Program.
84. There may be challenges to rehabilitation assessment, planning, and delivery of services for an out of Canada participant, due to barriers inherent to the participant's country of residence (e.g. language; time zones; limited access to reliable telecommunications; availability of local rehabilitation providers or services; training and/or health professional standards; and labour market conditions.) Such barriers may impact the ability to effectively manage a participant's rehabilitation or vocational assistance plan or the participant's ability to participate, as well as the services and expenses that may be authorized in a plan.
85. Given the practical challenges/barriers, the onus is on the participant to clearly demonstrate their ability to participate, to meet established goals, to maintain regular contact, and to provide current contact details, including an accurate mailing address.
86. Providing rehabilitation services in countries where the official language is not French or English should be carefully considered given any foreign language barriers for VAC or the participant (e.g. assessing credentials of health professionals and service providers, inability to communicate directly with providers, translation of foreign language reports). It may also create unreasonable costs and duration of the plan.
87. The onus is on the participant to provide assessments, reports and documentation in French or English. If this is not possible, the required reports and documents must be provided in typewritten format due to the complexity of translating handwritten documents and the potential risk of misinterpreting professional reports.
88. Vocational rehabilitation services and assistance will not be considered out of Canada if the participant cannot provide VAC with the legal documentation to confirm their visa status in the foreign country (e.g. residence, work, student visas), and their status to retain employment within that country of residence following vocational rehabilitation.
89. Conversely, and in order for the vocational goal of employability to be valid, if the participant will be out of Canada on a "temporary" or "non-permanent" basis, vocational rehabilitation training will not be considered if the participant cannot provide VAC with written documentation confirming the foreign vocational training program and its subsequent credentials or certification, are transferrable to, and recognized by, the Canadian labour market standards (or those of the country where they intend to reside).

90. VAC will make reasonable efforts to assess such things as the local labour market, available local resources, options for training facilities, or any other information pertinent to the development and implementation of the vocational components of the Rehabilitation Plan. Where VAC determines such information is unavailable to establish goals or authorize vocational services, VAC may reasonably refuse to provide vocational services to the participant, as per subsection 16(2) of the *Veterans Well Being Act*.
91. Out of Canada rehabilitation service expenses and rehabilitation training expenses may be approved. For more information, refer to the policies Rehabilitation Related Expenses - Other Than Training and Vocational Rehabilitation and Vocational Assistance – Training Expenses.

Suspension of Services

92. Participants in the Rehabilitation Program are required to provide the following information when requested in order to determine the participant's continued eligibility for the Rehabilitation Program, evaluating the continued appropriateness of the type of services provided, the duration of the services and/or the need for additional services:
    a. attendance reports;
    b. evaluations, assessments and progress reports; and
    c. any other information that is necessary to assess continued eligibility for the services or assistance.
93. If the participant does not provide the requested information, the specific rehabilitation and/or vocational assistance services for which the information was requested, may be suspended.
94. Suspension applies only to specific services and does not apply to the entire rehabilitation or vocational assistance plan.
95. Before suspending access to a specific service within the rehabilitation or vocational assistance plan, VAC should discuss the suspension with the participant and provide the participant with written notification of the reasons for the suspension and the consequences and effective date of the suspension.

Cancellation of a Rehabilitation or Vocational Assistance Plan

96. Cancellation refers to cancellation of the entire rehabilitation or vocational assistance plan and will result in the IRB no longer being payable to the Veteran, unless VAC has already determined that the Veteran has a DEC.
97. An **entire** rehabilitation or vocational assistance plan may be cancelled after written notice is provided to the participant, for any **one** of the following reasons:
    a. the participant refuses, without reasonable cause, to undergo a medical examination or other assessment required as part of an evaluation of a plan;
    b. the participant does not participate to the extent required to meet the goals of the plan (see section within this policy on Participation in a Rehabilitation or Vocational Assistance Plan);
    c. the participant's eligibility for the Rehabilitation Program was based on a misrepresentation or the concealment of a material fact; or
    d. rehabilitation or vocational assistance services have been suspended and the participant continues to fail to provide the required information for at least six months.
98. Prior to cancelling a plan for not participating to the extent required, every reasonable effort (e.g., contact the participant or reports from providers) should be made to determine whether or not there is reasonable cause for the non-participation or the plan needs to be evaluate to ensure that it remains realistic and achievable.
99. If a participant indicates that they no longer intend to continue their plan as a whole, VAC will consider the eligible participant as not participating to the extent required to substantially meet the overall goals of the plan. As a result, their plan will be cancelled.

100. On cancelling a rehabilitation or vocational assistance plan, VAC should provide the participant with written notification of the reasons for the cancellation, the consequences of the cancellation, the effective date of the cancellation and the rights of review.
101. After a rehabilitation or vocational assistance plan is cancelled, a participant may re-apply and may be eligible for the Rehabilitation Program provided they meet the current eligibility requirements (for more details, see Rehabilitation Services and Vocational Assistance – Eligibility and Application Requirements policy).

References

Diminished Earnings Capacity Determination policy

Income Replacement Benefit Policy (2829)

Rehabilitation Services and Vocational Assistance – Eligibility and Application Requirements policy

Veterans Well-being Act, sections 10, 13, 14, 15, 16, and 17

Veterans Well-being Regulations, sections 6, 8, 9, 12, 13 and 14