

## THERAPEUTIC AND SUPPORTED EMPLOYMENT SERVICES PROGRAM

- 1. PURPOSE.** This Veterans Health Administration (VHA) Handbook provides the expectations, procedures, and reporting requirements for Therapeutic and Supported Employment Services (TSES) programs, which include Compensated Work Therapy (CWT) programs (Supported Employment, Transitional Work, Sheltered Workshops, and Veterans Construction Team), Incentive Therapy, and Vocational Assistance.
- 2. SUMMARY OF CHANGES.** This is a new VHA Handbook.
- 3. RELATED ISSUES.** VHA Handbook 1160.01, VHA Directive 1163, and VHA Handbooks in the 1163 series.
- 4. RESPONSIBLE OFFICE.** The Office of Mental Health Services (116) in the Office of Patient Care Services is responsible for the contents of this Handbook. Questions may be referred to the National Mental Health Director for Psychosocial Rehabilitation and Recovery Services (352) 376-1611 ext. 4642.
- 5. RESCISSIONS.** None.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on/or before the last working day of July 2016.

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Under Secretary for Health

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## **THERAPEUTIC AND SUPPORTED EMPLOYMENT SERVICES PROGRAM**

**1. PURPOSE.** This Veterans Health Administration (VHA) Handbook provides the expectations, procedures, and reporting requirements for Therapeutic and Supported Employment Services (TSES) programs, which include Compensated Work Therapy (CWT) programs (Supported Employment, Transitional Work, Sheltered Workshops, and Veterans Construction Team), Incentive Therapy (IT), and Vocational Assistance.

### **2. BACKGROUND**

The TSES programs are based on a recovery-oriented model and offer a continuum of work restoration services. Veterans are financially compensated for their work and in turn, improve their economic and social well-being as they prepare for community re-entry.

a. The Veterans Omnibus Health Care Act of 1976, Public Law (P. L.) 94-581 initially authorized CWT whereby the Department of Veterans Affairs (VA) could enter into contractual arrangements with private industry or other sources outside VA to provide therapeutic work for remuneration for Veterans in VA health care facilities. In 1990, P.L. 102-54 was passed which enabled CWT to contract with Federal entities, use CWT funds for travel and educational expenses, and initiated the Transitional Residence program (TR). The ability to contract with Federal entities led to the development of over 50 new programs, which now contract with such entities as VA Medical Centers (VAMC), National Cemetery Administration, National Archives and Records Administration, and the Department of Defense.

b. On December 6, 2003, P.L. 108-170 section 104 amended title 38 United States Code (U.S.C.) § 1718, greatly enhancing and expanding the clinical authorities of CWT. Its provisions included the authority to provide highly specialized therapeutic employment services (i.e., skills training and development services, employment support services, and job development and placement services) to Veterans in need of rehabilitation for mental health disorders, including serious mental illness and substance use disorders. It also authorizes VA to use funds in the CWT Account to furnish these support services.

c. Of special note is the ability to develop formal Supported Employment (SE) programs, in keeping with community-based best practices. In 1975, Industrial Therapy was formally eliminated (Interim Issue 10-75-1), to be replaced with the remunerated therapy which is now known as IT. All Veterans who provide services for which VA derives financial benefit must be paid for work performed. IT is funded by VAMCs and is considered a pre-vocational program.

### **3. DEFINITIONS**

The following definitions are applicable to the programs of TSES section of the Psychosocial Rehabilitation and Recovery (PSR&R) section of the Office of Mental Health Services (OMHS).

a. **Compensated Work Therapy (CWT)**. CWT is a recovery-oriented, vocational model in the continuum of the Veterans Health Administration's (VHA) work restoration services authorized by 38 USC § 1718.

b. **CWT Sheltered Workshops.** CWT sheltered workshops are an older rehabilitation model still used by some CWT programs that subcontract piece work from the business community to be done in workshops on the grounds of VAMCs under the clinical supervision of CWT staff.

c. **CWT-Transitional Work Experience (TWE).** TWE is a transitional work program in VAMCs or in the community to enable participants to gain work experience and work hardening while in CWT therapeutic rehabilitation treatment that prepares Veteran=participants for community employment.

d. **CWT-Veterans Construction Team (VCT).** VCT is a form of transitional work that completes renovation and construction projects for VA and other Federal organizations under the supervision of experienced tradespersons.

e. **CWT-Supported Employment (SE).** SE is an evidence-based clinical model that helps individuals with serious mental illness or physical impairments co-occurring with mental illnesses engage in competitive employment in the community.

f. **Incentive Therapy (IT).** IT is a pre-vocational program for Veterans to perform work at VA Medical Centers.

g. **Vocational Assistance.** Vocational Assistance is a set of assessment, guidance, counseling, or other related services that may be offered to groups or individuals. These services are designed to enable Veterans to realize skills, resources, attitudes and expectations needed to prepare for searching for employment, succeeding in the employment interview process, and succeeding in employment.

#### **4. SCOPE**

All Veterans in VHA mental health treatment programs who are interested in developing work skills may participate in TSES programs regardless of their psychiatric diagnosis, symptoms, work history, or cognitive impairment. The core philosophy of TSES is that all persons with a disability can work at some level, and that no one should be excluded from this opportunity. Therefore, the scope of TSES includes skill development opportunities both for Veterans for whom the primary objective is competitive employment, and for Veterans in need of therapeutic pre-employment services designed to ameliorate the consequences of long standing mental health problems alone or with co-occurring physical illness.

#### **5. MISSION**

The mission of TSES is to improve the Veteran's overall quality of life through a vocational rehabilitation experience in which the Veteran learns new job skills, strengthen successful work habits, and regains a sense of self-esteem and self-worth.

#### **6. VISION**

The vision of TSES is that all Veterans challenged with physical or mental illness can obtain meaningful competitive employment in the community, working in jobs of their choice, while receiving necessary and appropriate support services.

## **7. GOALS**

The goal of TSES is to provide a continuum of therapeutic and skill development services for Veterans who have difficulty obtaining or maintaining stable employment patterns due to mental illnesses or physical impairments co-occurring with mental illnesses.

## **8. OBJECTIVES**

The objectives of TSES are to:

- a. Provide an opportunity for work hardening and skill development services to eligible Veterans regardless of mental health diagnosis, disability, or treatment goals.
- b. Collaborate with Veterans and their primary treatment team to assure each Veteran has the support necessary to achieve his or her vocational goals.
- c. Ensure access to all components in the continuum of TSES services as the Veteran's needs change over the course of treatment, rehabilitation, and recovery.

## **9. COMPENSATED WORK THERAPY PROGRAM (CWT)**

The major program components of CWT include: Sheltered Workshops, Transitional Work Experience, and Supported Employment. Per VHA Handbook 1160.01, "Uniform Mental Health Services in VAMCs and Clinics," each medical center must offer CWT with both Transitional Work Experience (TWE) and Supported Employment services for Veterans with occupational dysfunctions resulting from their mental health conditions, or who are unsuccessful at obtaining or maintaining stable employment patterns due to mental illnesses or physical impairments co-occurring with mental illnesses. Sheltered Workshops are not mandated.

a. **Sheltered Workshop.** The goals of Sheltered Workshops are to evaluate and develop basic worker traits, habits, and attitudes, such as working cooperatively with others, accepting supervision, timeliness, attention to detail, and other factors appropriate for work and optimal community integration.

(1) The program design is one in which work skills are learned and practiced in a simulated work setting with significant clinical support. The flexibility of the program structure makes it most appropriate for those who require close supervision and reinforcement. Programs are usually located on hospital grounds, making them more available to assist Veterans with severe disabilities realize and build upon their strengths.

(2) Program elements include:

- (a) Veterans are paid on a piece rate basis for work performed.

(b) Reimbursement for work is to be monetary and not payment in kind.

(c) Work most often consists of assembly, packaging and fabrication. Workshops are not to be involved with prime manufacturing of goods.

b. **Transitional Work Experience (TWE)**. Transitional Work Experience is a component of CWT which provides participants with work restoration services in actual work settings. The goal of TWE is to provide supports and resources needed for a Veteran to successfully transition to and be successful in competitive employment.

(1) CWT TWE participants are screened by vocational rehabilitation staff, and matched to a work assignment for a limited time as deemed clinically appropriate. Work may be provided in the community, or with the local VAMC. Work assignments include any of a wide variety of settings; grounds maintenance, housekeeping, non-sensitive clerical duties, etc.

(2) Program Managers are strongly advised to develop worksites in a variety of settings in the community to balance those on medical center grounds. **NOTE:** *Community-based settings provide a more realistic work environment and are more likely to lead to competitive community based employment.*

(3) It is important for staff to maintain a close working relationship with the participating organization providing the work setting, and visit the Veterans at the worksite on a weekly basis to provide regular support unless assessment deems more frequent visitation to be necessary.

(4) Payment for work performed is based on an hourly wage. Hourly wages and work performance must be reviewed annually in relation to the prevailing wage rates for similar work in the community and the productivity of Veterans. Base pay is determined by Federal minimum wage laws and the progress toward their treatment objective. In states having a minimum wage which exceeds Federal minimum wage, state minimum wage must be utilized as the base rate for determining hourly pay.

(5) Work opportunities are negotiated by VA vocational rehabilitation clinicians with public or private entities.

(6) Programs must ensure that the following issues are addressed:

(a) Adequate worksite supervision and training are provided.

(b) Reasonable job and worksite accommodations are considered and used.

(c) Existence of a safe and healthy worksite is confirmed.

(d) Appropriate safety training and apparatus are provided.

(e) Physical accessibility is confirmed.

(f) Transportation accessibility.

(g) Competitiveness of work tasks and demands are reviewed.

(h) Clinical appropriateness of work tasks and demands are reviewed.

(i) Medical clearance for program participation is obtained.

(j) Veterans do not have unauthorized access to information protected by confidentiality statutes, regulations and policy.

(k) Workplace culture is identified and considered for appropriateness.

d. **CWT and the Veterans Construction Team (VCT)**. VCT is a specialized form of TWE that may be utilized by programs to provide training and experience for Veterans in the construction industry.

(1) CWT agreements are negotiated with VA and other Federal agencies for various renovation, minor improvement, and construction projects, providing these organizations with cost-efficient project completion, and skills training for VCT Veteran participants. These projects are assigned to CWT teams consisting of Veterans with backgrounds or interests in construction trade areas.

(2) Participating Veterans work under the leadership of CWT clinical staff and field supervisors who have experience in the private sector construction trades. *NOTE: VCT is not mandated but is recommended as an approach to engage Veterans interested in the building trades in integrated vocational services.*

e. **Supported Employment (SE)**. SE is an evidence-based practice intended for individuals with severe mental illness to access meaningful competitive employment. Veterans with significant barriers to competitive work are able to engage in full and part time employment with appropriate supports and work place accommodation according to current VHA policy. This form of vocational rehabilitation should be considered an integral component early in mental health treatment for those individuals interested in returning to work. Job supports continue for the time that fits the individual's needs, rather than terminating at a set point after becoming employed. Program elements include:

(1) Services are provided in the community rather than in clinical settings.

(2) Job loss is not a reason to terminate services, but rather a learning experience to help determine a better job fit.

(3) The role of the Employment Specialist (ES) in the provision of SE is a generalist providing vocational case management, job development, and employment and support services. The ES helps Veterans find jobs matching their interests and abilities; identifies and addresses employment barriers; and provides on-going support as needed.

## **10. INCENTIVE THERAPY (IT)**

IT authorizes the assignment of Veterans to provide the medical center services in any of a variety of VHA settings. The primary goal of this modality is to provide severely disabled Veterans with work hardening activities which are remunerated with medical center appropriated dollars based upon hours worked. *NOTE: IT is not mandated but has a long tradition within VA.* Hours of work may be adjusted from as little as one hour per day to eight hours per day, based on the Veteran's emotional needs and treatment goals. IT also provides an opportunity for assessment of Veterans in a more independent yet clinically supportive environment.

a. **Location.** All work must be performed at medical center facilities.

b. **Criteria.** The selection of Veterans for participation in the IT program is based upon their physical, psychological, and social needs, and their treatment and rehabilitation goals. Position descriptions need to be developed by the program manager which accurately describe the skills, competencies, and parameters of the assigned jobs being offered at the facility.

c. **Length of Treatment.** Length of participation in the IT program is not to exceed 1 year. Extensions may be granted by the medical center director or designated clinical manager if discontinuance would be clinically contraindicated.

d. **Rates of Remuneration.** The pay rate is hourly and capped at one half of the Federal minimum wage. The actual hours and remuneration rate need to be set in relation to the Veteran's present functional level. Program managers are strongly encouraged to develop wage rates which reflect the skills, effort, and concentration necessary to accomplish the tasks.

## **11. THERAPEUTIC AND SUPPORTED EMPLOYMENT SERVICES (TSES) PROGRAM ELEMENTS**

TSES is an umbrella term used by the Office of Mental Health Services to designate work restoration services and programs including CWT and IT.

a. **Participation Criteria.** Per VHA Handbook 1160.01, Uniform Mental Health Services in VAMCs and Clinics, each medical center must offer TSES to Veterans receiving care through VA and diagnosed with a mental health disability or co-occurring physical disabilities as clinically indicated, and to the extent the Veteran meets the statutory and regulatory eligibility and enrollment criteria for each program. Additional considerations are:

(1) There are no required pathways to participation in any program component such as duration of sobriety, routine vocational testing, or required time in IT prior to placement in another modality.

(2) Participants in these programs are not subject to the Means Test or co-payments for the services rendered in these programs.

(3) Pay periods must be weekly or bi-weekly.

(4) Per title 38 U.S.C. 1718, program participants must not be held or considered as employees of the United States for any purpose. VA's Office of General Counsel has determined that VHA staff may not subject program participants to criminal background

investigations, including fingerprint checks as a condition of acceptance for services, even with the Veteran's consent.

(5) Before initiating specialized skills training through CWT, service-connected disabled Veterans need to be referred first to the Veterans Benefits Administration (VBA) and Vocational Rehabilitation and Employment Service (VR&E) to determine whether they meet the criteria for entitlement to benefits under 38 U.S.C. 17, Chapter 31, Training and Rehabilitation for Veterans with Service Connected Disabilities.

## **b. Program Organization and Management**

(1) **Clinical and Administrative Oversight.** National oversight is the responsibility of the Office of Mental Health Services in VHA Central Office through TSES. At the field level programs operate under the Mental Health Careline or equivalent organizational structure.

### **(2) Management**

(a) The appropriate clinical facility authority needs to appoint a TSES Vocational Program Manager and is responsible for ensuring that staff are designated to implement the policy and procedures for establishing and operating a TSES Program. When there is no dedicated program manager, the supervisor for the CWT employees must assume this responsibility. The individual designated would in most cases be responsible for leave approval and similar supervisory responsibilities.

(b) The Manager serves as a focal point for the organization, implementation, and on-going evaluation for these programs. The program manager is responsible for ensuring that the TSES program adheres to all program operational guidelines and those as mandated in Commission on Accreditation of Rehabilitation Facilities (CARF) and Joint Commission Standards.

(3) **Staffing.** Programs must have adequate vocational and support staff to carry out the mission of the program. Suggested workload panels (staff: Veteran ratios)

- (a) Incentive Therapy - 1:40-50;
- (b) CWT community-based TWE - 1:30;
- (c) CWT Medical Center-based TWE - 1:30-40;
- (d) CWT Supported Employment - 1:20-25.

(4) **Referrals to the Program.** Referrals to TSES may be made by any appropriately credentialed and privileged individuals who are permitted by law, and the facility to practice independently as set forth in VHA Handbook 1100.19. Referrals need to contain any available information pertinent to developing the Veteran's vocational plan of care.

(5) **Medical Clearance.** Medical clearance must be provided by credentialed individuals with appropriate medical background as permitted by Medical Center policy. This step is

extremely important, as Veterans cannot be placed in areas which would endanger existing medical conditions or precipitate new ones.

c. **Clinical Documentation**

(1) **Progress Notes.** Progress notes must reflect Veteran's experiences, perceptions, progress, and be individualized to the Veterans' special abilities or limitations. Progress must be documented in the Computerized Patient Record System (CPRS) at least monthly for CWT, and quarterly for IT. The initial assessment must be completed within 7 days.

(2) **The Employment Plan.** The employment plan is developed in partnership with the Veteran, the Veteran's primary treatment team, and the appropriate TSES staff. The employment plan must be completed within 15 days of the Veteran initiating the CWT assignment, and updated every 3 months thereafter and needs to include:

(a) Veteran's vocational goals as stated in the Veteran's own words.

(b) Identified strengths, interests, and limitations.

(c) Integrated assessment with information contributed by all providers, the Veteran, and collaterals when available.

(d) Measurable objective(s) to achieve the stated vocational goal.

(e) Strategies for meeting each objective with target dates and individuals responsible for participating in the achievement of the identified activity.

(f) The anticipated length of time in which follow-up contact will be maintained, primarily based on the Veteran's verbalized needs and interests.

d. **Informed Consent and Orientation.** Many Veterans are either eligible for or already receive Supplemental Security Income, Social Security Disability Income or other forms of non-VA based entitlements. They may also have financial obligations such as child support, and other forms of debt. Participation in TSES programs may affect the receipt of non-VA entitlements or result in garnishing of payments or wages to meet court ordered obligations. Veterans need to be made aware of these possibilities and the treatment staff may need to assist the Veteran in resolving these issues with the appropriate agency(s).

e. **National Program Evaluation.** Veteran participation in CWT is monitored by the Northeast Program Evaluation Center (NEPEC). NEPEC is responsible for implementing the following online monitoring procedures:

(1) Baseline Intake Form (BIF) must be administered to all new admissions to CWT and completed within 15 days of admission.

(2) Quarterly Status Reports (QSR) must be completed quarterly during the period of CWT program participation. It documents participation during the prior 90 days across the entire CWT vocational continuum of services.

(3) Discharge Summary.

f. **Data Capture.** Decision Support Systems encounter codes generally used for TSES programs are described in the following table:

<b>DSS ID Number For Encounters</b>	<b>DSS ID Name</b>
573	MH IT-GROUP Face-to-face
207	PM&RS IT Face-to-face
574	MH CWT/TWE Face-to-face
208	PM&RS CWT/TWE Face-to-face
568	MH CWT/SE Face-to-face
222	PM&RS CWT/SE Face-to-face
213	PM&RS Vocational Assistance
575	MH Vocational Assistance (Group)
535	MH Vocational Assistance (Individual)

<b>DSS ID Codes For Non Face to Face Treatment Hours</b>	<b>Department</b>
570	MH CWT/TWE Non-Face-to-face
569	MH CWT/SE Non-Face-to-face
228	PM&RS CWT/TWE Non-Face-to-face
223	PM&RS CWT/SE Non-Face-to-face

g. **Transportation**

(1) CWT participants are neither VA employees nor VA volunteers, and must not be allowed to drive government vehicles because they cannot receive coverage under the Federal Torts Claims Act, subjecting them to personal liability for injuries and damages incurred while driving a government vehicle.

(2) Veterans must not be assigned to drive other Veterans to and from a jobsite in a personally owned conveyance (POC) unless they present appropriate and current insurance. Veterans who agree to drive other Veterans to and from a jobsite may do so in a POC upon presentation of appropriate and current liability insurance obtained with funds from a non-VA source.

(3) In the case of CWT TWE agreements with private businesses, the business may wish to have participants drive their privately owned company vehicles. In such cases the following precautions need be taken:

(a) The Veterans' treatment team must concur and document in Veterans' clinical record that such activities are in keeping with the Veteran's overall rehabilitation goals, and that there are no physical or psychological contraindications.

(b) The Veteran must have a valid state driver's license.

(c) The business (Principal) with which the CWT program has a contractor memorandum of understanding must demonstrate that they maintain adequate insurance which would cover Veterans in the case of accident, injury, or damage to the Principal's goods.

(d) Vehicles owned by the business are safety inspected by the state annually, and are equipped with appropriate first aid and safety equipment.

#### **h. Injuries**

(1) In the event of injury or death occurring during treatment in TWE programs, such injury must be documented on a Standard Form 10-2633, Report of Special Incident Involving a Beneficiary. Participants in TSES programs are not entitled to Federal Office of Worker's Compensation Program (OWCP) coverage. Claims involving such qualifying injuries or death may be processed through title 38 USC §1151 procedures (benefits for persons disabled by treatment or vocational rehabilitation). Participants in CWT SE may be eligible for compensation through their employer's workmen's compensation program

(2) If an injury occurs on VA grounds, Veterans do not report to Employee Health, but to the physician of record or an alternative designated provider. If an injury occurs off VA grounds, Veterans need to present at the closest VA medical facility for treatment. If the injury is urgent or life-threatening and the Veteran is off VA grounds, the Veteran needs to be treated at the nearest medical facility and then transported to a VA facility when stable. Under no circumstance may a participant return to work without medical clearance. Each facility needs to develop its own medical emergency or injury plan, and communicate the plan throughout the medical center using a station memorandum.

(3) When VA medical facilities or other Federal facilities are not feasibly available, any costs incurred from emergency transportation or treatment at non-VA medical facilities while participating in CWT TWE program settings are the responsibility of the respective VA facility to the extent such costs are authorized or reimbursable in accordance with statutory and regulatory authority.

i. **Accreditation.** All programs are strongly encouraged to seek CARF accreditation as a means of attaining and demonstrating clinical excellence. Programs meeting current VHA policy for CARF accreditation are mandated to be CARF accredited within 1 year of operation.

j. **Annual Report (RCN 10-0656).** Per title 38 U.S.C. 1718, an Annual Report for Compensated Work Therapy, Incentive Therapy, and Therapeutic Printing Plant Programs (TPP) (RCN 10-0656), must be prepared, providing a description of the scope and achievements of activities carried out (including pertinent data regarding productivity and rates of distribution) during the prior twelve months, and an estimate of the needs of the program of therapeutic and rehabilitation activities to be carried out under this section for the ensuing fiscal year. This report must be submitted to TSES by the 15th workday in October for the preceding fiscal year.

## **12. FINANCIAL ASPECTS**

a. **Income to Participants.** Payments to participants in IT and CWT TWE are not considered income for VA compensation, pension, or Internal Revenue Service (IRS) purposes. Earnings from CWT SE are not considered income for compensation or pension, but are taxable based on applicable IRS regulations.

b. **Fair Labor Standards Act, Title 29 Code of Federal Regulations (CFR).** Part 525, of the Fair Standards Act, wage guidelines need to be followed in paying participants in all vocational rehabilitation settings. This requires that wage rates paid to workers with disabilities are commensurate with those paid to experienced workers who do not have disabilities that impair their performance. Commensurate wage rates need to be analyzed in the context of the industry, and in the vicinity for essentially the same type, quality, and quantity of work.

c. **CWT Account 36X0160X4.** CWT Account 36X0160X4 is a special, no-year account comprised of funds collected from participating companies and governmental organizations for the value of work performed by Veterans participating in CWT activities. These funds can be utilized only for the purpose of supporting the operation of CWT Workshop, CWT TWE, and CWT/SE services. The CWT program manager has designated responsibility for the use of these funds, subject to any fiscal and acquisition regulations that may apply.

(1) Fiscal service monitors this account, performing monthly reconciliations and annual audits. CWT Account funds are part of each medical center's carry-over funds, and must be carried over between fiscal years as part of the facility's carry-over target.

(2) Authorized CWT Account Utilization for basic operational expenses for CWT TWE and Sheltered Workshop programs include, but are not limited to:

(a) Veteran payments (payroll) in CWT TWE.

(b) Purchase of supplies, equipment, tools, transportation services, information technology, including internet access, and office equipment necessary to operate therapeutic rehabilitation activities in the CWT program.

(c) Contracted activities such as job developers, contract procurement services, employment, and other contracted vendor services for sheltered and transitional work.

(3) Authorized uses for CWT Account for contracted services to the CWT/SE Program include:

(a) Job development,

(b) Job placement, and

(c) Job support.

(4) Use of the CWT Account for staff travel, per diem expenses, and educational expenses are closely regulated. Requests for the use of these funds for this purpose must be emailed to the Office of Rehabilitation Planning for CWT at the VAMC, Hampton, VA.

d. **Billing.** Pursuant to guidance from VA Office of General Counsel and the VHA Office of Finance, billing by a CWT program for services provided to VA facilities and private businesses will cover the full cost of the product or service being provided, and must include direct and indirect costs of program operations, including those incurred for common objectives which cannot be directly charged to a single cost objective.

(1) VACO TSES withdraws funds at the rate of 1 percent of the previous year's billings as reported on the Annual Report RCN-10656 from CWT programs having in excess of \$20,000 in their unobligated balance at the end of the fiscal year. These funds are used by VACO TSES for national program enrichment purposes such as site visits, conferences, start-up funds, and other expenses to support national CWT operations etc.

(2) A VAMC cannot charge the CWT program for rent, utility costs, and similar expenses related to program operations on VA property, and funds for those purposes cannot be withdrawn from the CWT account by a facility.

### **13. CWT AGREEMENTS**

CWT partnerships can be developed through Memorandum of Agreements (MOA) and Memorandums of Understanding (MOU) with local business, county, state, or Federal government agencies. These agreements must delineate the conditions of the relationship between VHA and the participating organization or company, and authorize the reimbursement of funds to VHA in return for the services provide by Veterans in CWT. These agreements are not subject to the provisions of Veterans Affairs Acquisition Regulation (VAAR) or Federal Acquisition Regulation (FAR). The MOA or MOU may be approved at the local level by the program manager, Acquisition and Material Management Service, or facility director as determined locally. National MOUs are considered valuable tools to support the work of CWT programs across the country and can be submitted to the TSES National CWT Program Office, who will initiate the process to obtain approval at the Central Office level when developed under the following situations to:

a. Formalize a relationship with a national Federal organization or a national private organization.

b. Help provide vocational opportunities for Veterans on a larger scale than can be developed locally, such as with a national level organization or chain store.

c. Demonstrate a realistic commitment to assisting Veteran's return to employment.

d. Allow the business or organization to demonstrate and publicize their commitment to helping Veterans.