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| Reviewer: | Review Date: |
| Manager/Unit: | Region: |
| Certified/Provisional Rehabilitation Counselor: | Present Case Status & Date Entered: |
| Client Name: | Case Number: |

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| **ELIGIBILITY/INELIGIBILITY** |

1. Is there documentation of the disability/disabilities by an appropriate specialist in the case file?

*There must be documentation in the case file of a medically or psychologically determinable condition which meets all the criteria of the first basic requirement of eligibility. The disability must be a recognized impairment, not excluded by policy, with documentation from an acceptable source. If counselor observation was used, it must be documented in case history. Policy Cites 210.1.03A1 and 208.1.08*

YES  NO  N/A

Findings/Comments:

1. Is there evidence that the impairment constitutes or results in a substantial impediment to employment?

*Documentation must show how the disability limits physical or mental functioning in terms of an employment outcome. Policy Cite 210.1.03A2*

YES  NO  N/A

Findings/Comments:

1. Was the Determination of Eligibility completed in 60 days or less? If it was not, was the *Agreement for Extension of 60-Day Time Frame for Determining Eligibility* form signed and dated by the individual and the counselor?

*Within 60 days of acceptance of an application for VR services, the VR counselor shall certify in writing that the applicant has or has not met the basic eligibility criteria, unless exceptional and unforeseen circumstances exist and the applicant agrees to an extension of the 60-day determination period. Policy Cite 210.1.02*

YES  NO  N/A

Findings/Comments:

1. If the individual is a recipient of SSI/SSDI, based on his/her own disability, is there a “Determination of Presumptive Eligibility” captioned case history in the case file that is signed and dated by the VR counselor?

*If the client was a recipient of SSI/SSDI based on his/her own disability at the time of application, or at any time before the Determination of Eligibility, he/she should have been determined to be presumptively eligible as soon as the VR counselor has documented receipt of benefits. There must be a captioned “Determination of Presumptive Eligibility” using the format in policy. Policy Cites 210.1.04 and 210.1.10A*

YES  NO  N/A

Findings/Comments:

1. If the individual is not a recipient of SSI/SSDI, based on his/her own disability, is there a “Determination of Eligibility” captioned case history in the case file that is signed and dated by the VR counselor?

*There must be a captioned “Determination of Eligibility” statement using the format in policy. The VR counselor must sign and date the Determination of Eligibility statement. The GROW printout is acceptable, as is documentation in case history. Policy Cites 210.1.08-210.1.10*

YES  NO  N/A

Findings/Comments:

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| **COMPREHENSIVE NEEDS ASSESSMENT** |

1. Was a VR Needs Assessment conducted to determine the work goal, objectives, and the nature and scope of VR services to be included in the *Work Plan*?

*There should be a case history (or case histories) which documents that medical, psychological, and any other necessary documents or assessments have been reviewed. The Needs Assessment documentation must justify the work goal and the services required for the individual’s achievement of that work goal. Anything that might be considered a barrier to employment, including other documented disabilities (which may be considered to be secondary disabilities), medical and/or psychological impairments that are not considered to be disabling conditions, or related factors, must be addressed. Policy Cites 302.0.00 and 304.0.00*

YES  NO  N/A

Findings/Comments:

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| **ORDER OF SELECTION/PRIORITY CATEGORY** |

1. Is there a “Priority Category” case history that cites functional limitations, number of services, and the duration of each service?

*There must be a captioned “Priority Category” case history. The rationale must include the functional capacities affected, the primary services, and the expected duration of each primary service. The rationale must also match the VR Needs Assessment in the case history. Policy Cite 306.0.00 and 132.1.06C*

YES  NO  N/A

Findings/Comments:

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| **WORK PLAN & SERVICES** |

1. Is the work goal consistent with assessment findings, case history, and the unique strengths and needs of the individual?

*The case history reflects that medical, psychological, and other evaluations have been thoroughly reviewed. There must be evidence that the individual would be successful in the chosen work goal as documented in the VR Needs Assessment. Policy Cite 308.0.00*

YES  NO  N/A

Findings/Comments:

1. Do the number of services and duration of services on the *Work Plan* match the Priority Category to which the case was assigned?

*The assigned Priority Category matches the services and the duration of services identified on the* Work Plan*. Policy Cite 306.0.00*

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| *Priority Category* | *Disability* | *Affected Functional Capacity/ies* | *Primary Service/s* | *Primary Service/s in extended period of time*  *At least 6 months* |
| *Most Significant Disability* | | | | |
| *A (Open)* | *Permanent* | *2 or more* | *2 or more* | *2* |
| *B (Open)* | *Permanent* | *2 or more* | *2 or more* | *1* |
| *Significant Disability* | | | | |
| *C (Open)* | *Permanent* | *1* | *2 or more* | *2* |
| *D (Open)* | *Permanent* | *1* | *2 or more* | *1* |
| *All other categories* | | | | |
| *E (Open)* | *Permanent* | *1* | *2 or more* | *0* |
| *F (Closed)* | *Permanent* | *1* | *1* | *1* |
| *G (Closed)* | *Does not meet the criteria of the above categories* | | | |

YES  NO  N/A

Findings/Comments:

1. Were all services necessary for the achievement of the work goal included on the *Work Plan* or *Work Plan Amendment and Annual Review*?

*All services necessary for the achievement of an employment outcome as identified in the VR Needs Assessment were addressed on the* Work Plan *or* Work Plan Amendment and Annual Review*. Policy Cite 310.1.09D1and 312.1.05B*

YES  NO  N/A

Findings/Comments:

1. Were only the services necessary to reach the work goal included on the *Work Plan* or *Work Plan Amendment and Annual Review*?

*Only those services needed to improve a functional capacity or related factor were addressed on the* Work Plan *or* Work Plan Amendment and Annual Review*. Policy Cite 310.1.09D*

YES  NO  N/A

Findings/Comments:

1. Were all services which were provided to the individual identified on the *Work Plan* or *Work Plan Amendment and Annual Review*?

*All services provided to the client were stated on the* Work Plan *or* Work Plan Amendment and Annual Review*, or rationale for any expenditures which were not reflected on the* Work Plan *or* Work Plan Amendment and Annual Review *is documented in case notes. Policy Cites 132.1.07S, 310.1.09D and 312.1.05B*

YES  NO  N/A

Findings/Comments:

1. Were *Work Plan* amendments completed to reflect agreed upon changes to the individual’s plan of services?

*If there was a change in the work goal or required services, a plan amendment was completed. Policy Cite 308.1.04 and 312.0.00*

YES  NO  N/A

Findings/Comments:

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| **CASE CLOSURE** |

1. Does the case file reflect that substantial services that directly contributed to the employment outcome were provided to the client?

*Appropriate and substantial vocational rehabilitation services which contributed to the employment outcome were provided to the client. A rationale for how primary work plan service(s) provided to the client contributed to employment was documented in the case history or on the* Record of Closure *form. Policy Cites 510.1.01 and 510.1.09*

YES  NO  N/A

Findings/Comments:

1. If the case was closed unsuccessfully, does the case file reflect the reason for closure?

*The justification for the case closure was documented in the case history and was consistent with VR Program policy. Policy Cite 502.0.00*

YES  NO  N/A

Findings/Comments:

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| **FINANCIAL ACCOUNTABILITY** |

1. Was financial need established when required?

*Prior to expenditure of funds, the* Financial Needs Assessment *form was completed accurately, signed, dated and certified by the VR counselor, and signed and dated by the individual. Policy Cites 206.0.00 and 206.1.01*

YES  NO  N/A

Findings/Comments:

1. Were comparable benefits considered and utilized throughout the life of the case?

*The VR counselor determined if comparable services and benefits were available, and documented utilization of those benefits. Policy Cite 138.0.00*

YES  NO  N/A

Findings/Comments:

18. Were written authorization pre authorized?

*A written authorization shall be issued either before, or at the same time as, the beginning date of the service. Policy Cite 140.1.01*

YES  NO  N/A

Findings/Comments:

19. Did payment of the Authorization comply with VR Program’s approved schedule of fees?

*The authorized fee shall comply with the VR Program's approved schedule of fees,*

*when such fee is published. Policy Cite 140.1.03.*

YES  NO  N/A

Findings/Comments:

20. Did the assigned CRC or approved staff person sign and date the A&I?

*The assigned vocational rehabilitation counselor shall sign and date an A & I to authorize a service. If the counselor is unavailable to sign the A & I, a rehabilitation unit manager, regional director, regional program manager or another counselor may sign the A & I or the counselor may designate another staff member to sign the A & I. If the counselor designated another staff person it must be documented in the case notes or on the “Request for Creating an A&I” form (RS090). Policy Cite 140.1.13*

YES  NO  N/A

Findings/Comments:

1. Does the case file contain documentation reflecting the actual provision of the service for which authorized payment has occurred (ie evaluations, reports, invoice, receipts…)?

YES  NO  N/A

Findings/Comments:

1. If Imprest funds were used, did the expenditure require that the service and payment to be made immediately? *Policy cite 144.1.02*

YES  NO  N/A

Findings/Comments:

1. Did the Imprest check exceed $350.00 except for rent?

*Only one check shall be issued in an amount not to exceed $350.00 for any single service except for payment of rent. 144.1.04 A*

YES  NO  N/A

Findings/Comments:

1. If the Imprest check exceeds the established limits, is there documented approval by the Regional Director in the case file? *144.1.04 D*

YES  NO  N/A

Findings/Comments:

1. Did the same individual complete the authorization and approval of the use of the imprest account? 144.1.07

YES  NO  N/A

Findings/Comments:

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| **INFORMED CHOICE** |

1. Does the case file reflect the provision of informed client choice?

*At a minimum, documentation reflected informed choice during the VR Needs Assessment process and at* Work Plan *and* Work Plan Amendment and Annual Review*.*

YES  NO  N/A

Findings/Comments:

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| **DUE PROCESS** |

1. Were due process and written notification(s) provided to the individual as required?

*The individual received the* Client Services Handbook *at time of application. The VR Program’s* Notice of Change *form was sent to the individual at time of Priority Category assignment, if a decision was made that adversely affected the individual, and at case closure.*

YES  NO  N/A

Findings/Comments:

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| **ADDITIONAL COMMENTS** |

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| **EXEMPLARY WORK**  *Highlight noteworthy examples of excellent rehabilitation guidance and counseling* |

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| Manager/Unit: | Certified Rehabilitation Counselor: |
| Client Name: | Case Number: |

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| **CASE FILE ACTION ITEMS** | **DUE DATES\*** | **CRC**  **INITIALS &**  **DATE**  **COMPLETED** | **RUM**  **INITIALS &**  **DATE**  **COMPLETED** | **RD**  **INITIALS &**  **DATE COMPLETED** |
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**\*DUE DATES:** *It is recommended that two due dates be set and agreed upon by CRC and RUM. First due date is for CRC to complete action items. The second due date is for RUM to provide feedback on completed action item.* ***The RD’s initial and date if the action has been completed or a date for completion.***