| **Case No.** **When completing the form, remember comments are optional.** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Case Review Form** | | | | | **District:** | |
|  | | | | | **Month/Year** | |
|  | | | | | **Meets Criteria**  **Random** | |
| **Reviewer** | | | | **Counselor** | | **Caseload No.** |
|  | | | |  | |  |
| **Status** | | | | **Applicant Date** | | **Eligibility Date** |
|  | | | |  | |  |
| **Primary Impairment (optional)** | | | | **Impairment Code** | | **Priority Category** |
|  | | | |  | |  |
| **IPE Date** | | | | **Closure Date** | |  |
|  | | | |  | |  |
| **REFERRAL/APPLICATION** | | | | | | |
| **Yes** | **No** | **N/A** | **Questions** | | **Comments** | |
|  |  | **----** | 1. Was the Application completed and dated with all required signatures? | |  | |
|  |  |  | 2. If the case was determined to be ineligible, was it implemented per agency guidelines? | |  | |
| **Further Comments**: | | | | | | |
| **IF THIS CASE IS INELIGIBLE, PLEASE STOP REVIEW.** | | | | | | |
| **ELIGIBILITY** | | | | | | |
| **Yes** | **No** | **N/A** | **Questions** | | **Comments** | |
| ------------------ | | | **1. Is there documentation to support the following four eligibility questions?**  **\*\*\*If you answer “NO” to a-d, please explain.** | | | |
|  |  | ---- | a) Does the applicant have a physical or mental impairment? | |  | |
|  |  | ---- | b) Does the individual have functional limitations that (in conjunction with attendant factors) result in a substantial impediment to employment? | |  | |
|  |  | ---- | c) Are VR services REQUIRED to prepare for, secure, retain, or regain employment? | |  | |
|  |  |  | d) There is a presumption that the applicant can benefit in terms of employment outcome.  (N/A should only be marked if currently in Trial Work Experience). | |  | |
| **\*\*\*If the case is currently receiving services or closed status 26, and there is a “NO” marked above, the case must be corrected. If unable to resolve the case issues then forward to the Director of Program Services.** | | | | | | |
|  |  | ---- | 2. Does the case record assess and sufficiently document the individual’s physical and/or mental impairments? | |  | |
|  |  | ---- | 3. Were all the functional limitations assessed and identified appropriately? | |  | |
|  |  | ---- | 4. Was the following question answered appropriately on the Eligibility Worksheet? “Explain how the functional limitations and attendant factors impede employment for this individual.” | |  | |
| **Yes** | **No** | **N/A** | **Questions** | | **Comments** | |
|  |  |  | 5. If an expanded definition was identified, was it appropriate and explained? | |  | |
|  |  |  | 6. If the consumer is receiving SSI/SSDI and is consequently presumed eligible, are supporting documents in the case record? | |  | |
|  |  | ---- | 7. Does the case record have a signed Agreement of Understanding? | |  | |
|  |  | ---- | 8. Was the eligibility determination made within 60 days of the individual’s application or is there a signed agreed extension of time (not to exceed 120 days)? | |  | |
|  |  |  | 9. If a trial work experience was needed to assist in the determination of eligibility/ineligibility, was it provided? | |  | |
|  |  | ---- | 10. Are primary and secondary disability codes correct? | |  | |
|  |  | ---- | 11. Is there documentation to support the Priority Category designation? | |  | |
|  |  |  | 12. If the case does not meet current OOS is there documentation that the Information & Referral was provided? | |  | |
| **Further Comments:** | | | | | | |
| **FINANCIAL ACCOUNTABILITY** | | | | | | |
| **Yes** | **No** | **N/A** | **Question** | | **Comments** | |
|  |  |  | 1. Did counselor authorize only those funds necessary for eligible individual’s assessment and rehabilitation? | |  | |
|  |  |  | 2. Did the case have the correct financial assessment completed in the case? | |  | |
|  |  |  | 3. Was the cost-sharing form completed correctly and income verification in the case for those services subject to financial contribution (needs testing)? Was excess income applied appropriately? | |  | |
|  |  |  | 4. Does documentation confirm that comparable services and benefits were investigated, considered, and discussed with eligible individual and utilized when available? | |  | |
|  |  |  | 5. Does the case record demonstrate that authorizations and payments have been made according to agency policies, procedures, and pertinent state and federal laws? | |  | |
| **Further Comments**: | | | | | | |
| **INDIVIDUAL PLAN FOR EMPLOYMENT** | | | | | | |
| **Yes** | **No** | **N/A** | **Question** | | **Comments** | |
|  |  | ---- | 1. Are all appropriate signatures on IPE? | |  | |
|  |  | ---- | 2. Was the IPE developed in 90 days from eligibility or exception documented? | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case No.       When completing the form, remember comments are optional.** | | | | |
| **Yes** | **No** | **N/A** | **Questions** | **Comments** |
| ------------------ | | | **3. Does the case record contain documentation of a comprehensive assessment in order to:** | |
|  |  | ---- | a) determine the vocational needs? |  |
|  |  | ---- | b) identify the scope of the vocational rehabilitation services? |  |
|  |  | ---- | 4. Does the case record contain documentation in a progress note to support an employment goal consistent with the individual’s unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice? |  |
|  |  | ---- | 5. Are the expected dates for the achievement of the employment outcome and for the initiation of services reflected on the IPE? |  |
|  |  |  | 6. Are all substantive changes in employment outcomes, VR services, or service providers reflected on an amended IPE? |  |
| ------------------ | | | **7. Are the services on the IPE:** | |
|  |  |  | a) reflective of the expanded definition? |  |
|  |  | ---- | b) supportive of the individual achieving the planned employment outcome? |  |
|  |  | ---- | c) necessary to the achievement of the employment outcome? |  |
|  |  | ---- | d) in the most integrated settings appropriate to the services and consistent with the informed choice of the individual? |  |
|  |  | ---- | e) inclusive of everything needed to address the disabilities/limitations? |  |
|  |  | ---- | 8. Is there documentation of the eligible individual’s participation, involvement, and responsibilities in the planning and development of the IPE? |  |
|  |  |  | 9. Was IPE reviewed at least annually by counselor and eligible individual or representative? |  |
|  |  | ---- | 10. Does the case record document that the VR counselor provided guidance and counseling? |  |
| **Further Comments:** | | | | |
| **UNSUCCESSFUL CLOSURES** | | | | |
| **Yes** | **No** | **N/A** | **Question** | **Comments** |
|  |  |  | 1. Does the case show evidence of good faith to contact the consumer before case closure? |  |
|  |  | ---- | 2. Is the reason for closure consistent with policy and documented? |  |
| **Further Comments:** | | | | |

| **Case No.       When completing the form, remember comments are optional.** | | | | |
| --- | --- | --- | --- | --- |
| **SUCCESSFUL CLOSURES** | | | | |
| **Yes** | **No** | **N/A** | **Question** | **Comments** |
| ------------------ | | | **1. Is the employment outcome consistent with the individual’s unique:** | |
|  |  | ---- | a) strengths, resources, abilities, capabilities, priorities, and concerns? |  |
|  |  | ---- | b) interests and informed choices? |  |
|  |  | ---- | 2. Is the employment outcome in the most integrated setting possible, consistent with the individual’s informed choice? |  |
| ------------------ | | | **3. Did the individual and the counselor:** | |
|  |  | ---- | a) consider the employment outcome to be satisfactory? |  |
|  |  | ---- | b) agree that the individual is performing well on the job? |  |
|  |  | ---- | 4. Did the individual achieve the planned employment outcome? |  |
|  |  | ---- | 5. Did the VR services contribute to the individual’s achievement of an employment outcome? |  |
|  |  | ---- | 6. Did the individual maintain an employment outcome for an appropriate period of time but not less than 90 days? |  |
| ------------------ | | | **7. Does the case record reflect verification that the:** | |
|  |  |  | a) individual is compensated at or above minimum wage? |  |
|  |  | ---- | b) level of benefits was customary? |  |
|  |  | ---- | c) individual was informed of post-employment services? |  |
| **Further Comments:** | | | | |
| **OVERALL CASE REVIEW SUMMARY** | | | | |
| **Strengths:** | | | | |
| **Areas of Improvement:** | | | | |
| **To be corrected by: (date)** | | |  | |
| **General Comments:** | | | | |
| **Counselor Response (optional):** | | | | |
| **Action that has occurred as a Result of the Review/Recommendation of the supervisor:** | | | | |