**OFB Case Review Form**

Review Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Topic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **General Information** | **CMS Data Information** |
| **Consumer Name:** | **CMS ID #:** |
| **Date of Review:** | **Applicant Date:** |
| **Reviewer Name:** | **Eligibility Date:** |
| **Counselor Name:** | **IPE Dev Date:** |
| **Office Location:** | **Disability Code:** |
| **Vocational Goal:** | **Current Status: Date:** |

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| --- | --- | --- | --- |
| I. Eligibility | Yes | No | NA |
| 1. Is the Application signed & dated by individual and/or appropriate guardian? |  |  |  |
| 2. Are the appropriate signatures on the release of information form? |  |  |  |
| 3. Does the case file document the individual was provided a Handbook which includes information about CAP and the appeals process? |  |  |  |
| 4. If the applicant is an SSI or SSDI recipient, was the individual presumed eligible for VR services? |  |  |  |
| a. Were the SSI/SSDI benefits verified? |  |  |  |
| 5. Is there documentation to support: |  |  |  |
| a. The applicant has a physical or mental impairment? |  |  |  |
| b. The impairment is a substantial impediment to employment? |  |  |  |
| c. The applicant requires VR services to prepare for, secure, retain or regain employment? |  |  |  |
| 6. Was the eligibility determination made within 60 days of application? |  |  |  |
| a. If NO, did the counselor and the applicant agree to an extension? |  |  |  |
| 7. Does the documentation support the determination of a significant or most significant disability? |  |  |  |
| 1. Are the disabilities properly coded? |  |  |  |
| 1. Is the priority category properly coded? |  |  |  |
| 8. If extended evaluation is necessary, is there a written plan? |  |  |  |
| 9. Is there documentation to support an ineligibility decision? |  |  |  |
| Comments: |  |  |  |

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| II. Assessment for Plan Development | Yes | No | NA |
| 1. Does the assessment information identify and describe the individual’s VR needs? |  |  |  |
| 2. Does the assessment information (initial interview, IEP, medical information, visual information, McDowell Center reports, vocational evaluation results, etc.) support the identification of an employment goal that is consistent with the individual’s unique strengths, resources, abilities, capabilities, priorities, concerns, interests, and informed choice? |  |  |  |
| Comments: |  |  |  |

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| III. Service Planning & Delivery | Yes | No | NA |
| 1. Are the services on the IPE required for the individual to achieve the employment goal? |  |  |  |
| 2. Are all necessary services, including no cost services, listed on the IPE? |  |  |  |
| 3. Was the IPE jointly agreed upon, signed & dated by consumer and counselor? |  |  |  |
| 4. Are all substantial changes (goal change, service change, etc.) on the IPE reflected on a signed amendment? |  |  |  |
| 5. Was the IPE reviewed on or before the IPE Implemented date (Annual Review)? |  |  |  |
| 6. Do services provided have required documentation? i.e. AT, O & M, IL, etc. |  |  |  |
| 7. Is there a receipt, invoice or bill attached to each authorized payment? |  |  |  |
| 8. If post-secondary education is supported by OFB: |  |  |  |
| 1. Was the financial worksheet used? |  |  |  |
| 1. Was it completed correctly |  |  |  |
| 9. Were comparable benefits: |  |  |  |
| 1. Considered? |  |  |  |
| 1. Utilized? |  |  |  |
| 10. Were services preauthorized, when appropriate? |  |  |  |
| 1. Were the correct expenditure codes used? |  |  |  |
| Comments: |  |  |  |

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| IV. Employment Outcome | Yes | No | NA |
| 1. Is the employment outcome consistent with the individual’s unique strengths, resources, abilities, capabilities, priorities, concerns, interests, and informed choice? |  |  |  |
| 2. Is the employment in an integrated setting? |  |  |  |
| 3. Is the employment at or above minimum wage? |  |  |  |
| 4. Did the counselor and individual consider the employment outcome to be satisfactory? |  |  |  |
| 5. Did the individual achieve the employment goal identified on the IPE or amended IPE, or a closely related goal? |  |  |  |
| 6. Did VR services contribute to the individual’s achievement of the employment goal? |  |  |  |
| 7. Did the individual maintain employment for an appropriate period of time, but at least for 90 days? |  |  |  |
| Comments: |  |  |  |

Were the following required documents included in the case file and completed correctly?

Voter Registration

Survey Form

Eligibility Justification Worksheet

Medical History Questionnaire

Successful Closure Employment Follow-Up Form or information documented in a case note

Grades and schedules for post-secondary training assistance

Current forms being used

Social Security information, if SSI/SSDI recipient (as of 10-24-11)

Criminal Background Check, if indicated (as of 4-6-11)

Employment Verification (as of 3-19-12)

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| Comments: |