|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ND VOCATIONAL REHABILITATION** Rev. 3/10/11  **CASE REVIEW GUIDE**  **2011 – 2012** | | | | | | | | |
| Region: Review Date: Reviewer: | | | | | | | | |
| Client Name (first initial, last name): | | | | | | | | |
| Counselor Number: | | | |  | | | | |
| Previous Counselor/Previous Region Number: | | | |  | | | | |
| Status: | | | |  | | | | |
| Number of days application to eligibility (02  10) **Endnote 1**: | | | |  | | | | |
| Number of days eligibility to IPE (10  12): | | | |  | | | | |
| **I. ELIGIBILITY**  **Note: If the individual is a transition student, there are more eligibility questions in Section IV.** | | | | **Criteria:** | | | | |
| N/A Not Applicable  1 Meets criteria  2 Meets with exception  3 Does not meet criteria  4 Info not recorded | | | | |
| **N/A** | **1** | **2** | **3** | **4** |
| 1 | a | | If the applicant is a SSI recipient or SSDI beneficiary and intends to work, was the individual presumed eligible for VR services? **Code NA if trial work/extended eval was used.**  34 CFR 361.42(a)(1-4) / NDAC 75-08-01-17 |  |  |  |  |  |
| b | | If No, was a trial work experience/extended eval used? (Trial work experience/extended eval is used if the individual’s disability may be too severe to benefit from VR services in terms of an employment outcome.)  34 CFR 361.42(e) / NDAC 75-08-01-20 |  |  |  |  |  |
| 2 |  | | Is there documentation to support that: |  | | | | |
| a | | The applicant has a physical or mental impairment?  34 CFR 361.42(a)(1)(i) / 34 CFR 361.5 (b)(41) / NDAC 75-08-01-18 |  |  |  |  |  |
| b | | Are the primary/secondary disabilities described in the eligibility statement consistent with the VRIS disability codes (which are found on the case profile)?  34 CFR 361.40 / RSA-911 |  |  |  |  |  |
| c | | The impairment is a substantial impediment to employment?  34 CFR 361.42(a)(1)(ii) / 34 CFR 361.5 (b)(52) / NDAC 75-08-01-18 |  |  |  |  |  |
| d | | The applicant requires VR services to prepare for, secure, retain or regain employment?  34 CFR 361.42(a)(1)(iii) / NDAC 75-08-01-18 |  |  |  |  |  |
|  | e | | To the extent possible, VR used existing data that shows current functioning to determine eligibility?  34 CFR 361.42(d) / 34 CFR 361.5 (b)(6) / NDAC 75-08-01-22 |  |  |  |  |  |
|  | f | | Is there a completed eligibility statement signed by a QRP? **Disregard QRP requirement if signature is prior to 09/16/2010.**  34 CFR 361.42(a) / 34 CFR 361.47(a)(1) / NDAC 75-08-01-18.2 |  |  |  |  |  |
| 3 | a | | Was the eligibility determination made within 60 days of application? **Code NA if there is an extension.** **Endnote 1**  34 CFR 361.41(b)(1) / NDAC 75-08-01-16 |  |  |  |  |  |
| b | | If NA, did the counselor and the applicant agree to an extension prior to 60 days?  34 CFR 361.41(b)(1)(i) / NDAC 75-08-01-16 |  |  |  |  |  |
|  | c | | Did the extension have a specific end date and was the eligibility determined by that date?  34 CFR 361.41(b)(1)(i) / NDAC 75-08-01-16 |  |  |  |  |  |
|  | | | | **N/A** | **1** | **2** | **3** | **4** |
| 4 | a | | Does the documentation support the determination of a significant or most significant disability?  34 CFR 361.47(a)(4) / 34 CFR 361.5(b)(30-31) / NDAC 75-08-01-01.12-13 |  |  |  |  |  |
| b | | Is the significance of disability properly coded?  34 CFR 361.40 / 34 CFR 361.84(c)(1)(iv) / RSA-911 |  |  |  |  |  |
| SE5 |  | | If the individual is determined eligible for supported employment: **Endnote 2** |  | | | | |
| a | | Is the individual identified as having a “most severe disability”?  34 CFR 361.46(b) / 34 CFR 361.5(b)(30) / NDAC 75-08-01-01.21 |  |  |  |  |  |
| b | | Is there a completed SEP eligibility statement signed by a QRP? Disregard QRP requirement if signature is prior to 09/16/2010.  NDAC 75-08-01-18 |  |  |  |  |  |
| 6 |  | | If extended evaluation/trial work is necessary, is there a written plan?  34 CFR 361.42(e)(2)(i) / NDAC 75-08-01-20 / NDAC 75-08-01-01.22 |  |  |  |  |  |
| Reviewer’s Comments – ELIGIBILITY | | | | | | | | |
| **II. ASSESSMENT** | | | | **Criteria:** | | | | |
| N/A Not Applicable  1 Meets criteria  2 Meets with exception  3 Does not meet criteria  4 Info not recorded | | | | |
| **N/A** | **1** | **2** | **3** | **4** |
| 7 |  | | Was a comprehensive assessment of the client’s rehabilitation needs conducted/documented/used in the development of the IPE?  34 CFR 361.45(f) / NDAC 75-08-01-22.2 |  |  |  |  |  |
| 8 | a | | Does the assessment information include a screening for assistive technology? **Code NA if eligibility is prior to January 2000.**  NDAC 75-08-01-24.10.b |  |  |  |  |  |
| b | | If AT needs were identified, did the individual receive the AT services or devices they need to achieve the employment goal?  34 CFR 361.48(q) / NDAC 75-08-01-29.11 |  |  |  |  |  |
| 9 |  | | Are the individual’s functional limitations that are an impediment to employment identified?  SSA VR Handbook 5.2.B.4 |  |  |  |  |  |
| 10 | a | | Does the assessment material support the identification of an employment goal that is consistent with the individual’s unique strengths, resources, abilities, capabilities, priorities and concerns?  34 CFR 361.45(f)(2)(i) / NDAC 75-08-01-22 |  |  |  |  |  |
| b | | Does the assessment material support the identification of an employment goal that is consistent with the individual’s interests and informed choice?  34 CFR 361.45(f)(2)(i) / NDAC 75-08-01-22 |  |  |  |  |  |
| 11 |  | | Is there documentation to show that the employment goal is supported by current labor market information? **Code NA if IPE was developed prior to January 2006. Endnote** **3**  34 CFR 361.45(f)(2)(i) / 34 CF 361.52 / NDAC 75-08-01-01.14 |  |  |  |  |  |
|  | | | | **N/A** | **1** | **2** | **3** | **4** |
| 12 | a | | If VR referred the individual to a provider for assessments, were VR’s expectations clearly identified?  Good Rehabilitation Practice ☺ |  |  |  |  |  |
| b | | Did the provider’s report contain the information VR requested?  Good Rehabilitation Practice ☺ |  |  |  |  |  |
| SE13 | a | | If it appears the individual requires job coaching and will need ongoing support after the case is closed, were they determined eligible for SE, and is SE identified as a need?  CFR 361.46(b) / NDAC 75-08-01-24.10-11 |  |  |  |  |  |
| b | | Is there documentation to show that extended services are available?  CFR 361.46(b)/ NDAC 75-08-01-24.10-11 |  |  |  |  |  |
| c | | Does the record show evidence of team coordination and planning regarding SE and extended services?  Good Rehabilitation Practice ☺ |  |  |  |  |  |
| RS14 | a | | If this is a farm/ranch operation, was a farm assessment conducted and the results clearly documented?  34 CFR 361.45(f) / NDAC 75-08-01-22.2 |  |  |  |  |  |
| b | | Were services provided based on the results of the assessment?  34 CFR 361.45(f) / NDAC 75-08-01-22.2 |  |  |  |  |  |
| c | | Were services accessed through the Ag Mediation Dept. according to the MOU guidelines?  Good Rehabilitation Practice ☺ |  |  |  |  |  |
| ***Reviewer’s Comments – ASSESSMENT*** | | | | | | | | |
| **III. SERVICE PLANNING AND DELIVERY** | | | | **Criteria:** | | | | |
| N/A Not Applicable  1 Meets criteria  2 Meets with exception  3 Does not meet criteria  4 Info not recorded | | | | |
| **N/A** | **1** | **2** | **3** | **4** |
| 15 | a | Is the employment goal consistent with the individual’s unique strengths, resources, abilities, capabilities, priorities and concerns?  34 CFR 361.45(b)(2) / 34 CFR 361.46(a) / NDAC 75-08-01-24.5 | |  |  |  |  |  |
| b | Is the employment goal consistent with the individual’s unique interests and informed choice?  34 CFR 361.45(b)(2) / 34 CFR 361.46(a) / NDAC 75-08-01-24.5 | |  |  |  |  |  |
| 16 |  | Are the services listed on the IPE necessary to achieve the employment goal?  34 CFR 361.46(a) / 34 CFR 361.47(a) / NDAC 75-08-01-24 | |  |  |  |  |  |
| 17 |  | If corrective surgery or therapeutic treatment is identified as a service, will it correct or substantially modify the impairment that is an impediment to employment? (The impairment must be stable or slowly progressive and be corrected within a reasonable period of time.)  34 CFR 361.48(e) / NDAC 75-08-01-29.3 | |  |  |  |  |  |
| 18 |  | Are all necessary services, including no cost services, listed on the IPE?  34 CFR 361.46(a)(2) / NDAC 75-08-01-24 | |  |  |  |  |  |
|  | | | | **N/A** | **1** | **2** | **3** | **4** |
| 19 |  | Are “soft skills” included on the IPE, if appropriate?  Good Rehabilitation Practice ☺ | |  |  |  |  |  |
| 20 |  | If the individual is in Voc Development, is that an appropriate service?  Good Rehabilitation Practice ☺ | |  |  |  |  |  |
| 21 |  | Did VR consider comparable benefits?  34 CFR 361.53 / NDAC 75-08-01-25 | |  |  |  |  |  |
| SE22 | a | Was Extended Services funding confirmed before SE services began, and is the extended service provider identified on the IPE?  34 CFR 361.46 (b)(3) / NDAC 75-08-01-24.11 | |  |  |  |  |  |
| b | Is there rationale if SE is longer than 18 months?  34 CFR 361.5(b)(54)(i) / NDAC 75-08-01-24.11 | |  |  |  |  |  |
| 23 |  | Are all substantial changes in the employment goal, VR services, and/or service providers reflected on an amended IPE signed by a QRP and the individual? Disregard QRP requirement if signature is prior to 09/16/2010.  34 CFR 361.45(d)(6) / NDAC 75-08-01-24 | |  |  |  |  |  |
| 24 |  | Was the IPE reviewed and signed by a QRP and the individual at least annually? **Disregard QRP requirement if signature is prior to 09/16/2010.**  34 CFR 361.45(d)(5) / NDAC 75-08-01-24 | |  |  |  |  |  |
| 25 | a | Is there a signed authorization and appropriate documentation in the file for all payments?  34 CFR 80.22 (EDGAR) OMB Circular A-87 C.1.J | |  |  |  |  |  |
| b | Does the authorization have the correct fund code and/or service code, and do the service dates fall within the authorization dates?  34 CFR 361.40 / RSA-911 / SSA VR Handbook Chapter 8 | |  |  |  |  |  |
| c | Was the purchase exempt from tax? (When applicable)  34 CFR 80.22 (EDGAR) OMB Circular A-87 B.40 | |  |  |  |  |  |
| d | Was the correct amount paid?  34 CFR 361.40 / RSA-911 / 34 CFR 80.22 (EDGAR) | |  |  |  |  |  |
| 26 | a | If there is an authorization for a non-D&E service, is that service identified on the signed IPE?  NDAC 75-08-01-05 | |  |  |  |  |  |
| b | Do the authorization dates fall within the IPE dates?  SSA VR Handbook Chapter 8 | |  |  |  |  |  |
| 27 |  | If the purchase required a bid, is there documentation that the bid requirements were followed? **Endnote 4**  34 CFR 80.22 (EDGAR) / OMB Circular 87 C.2 / NDAC 75-08-01-02.1 /  OVR/OP/EQU 06-01 | |  |  |  |  |  |
| SE28 | a | Is the SE payment schedule implemented 10/01/07 followed? **Endnote 5**  34 CFR 80.22 (EDGAR) / RSA-911 | |  |  |  |  |  |
| b | Does the progress report accompany the billing statement?  34 CFR 80.22 (EDGAR) / OMB Circular 87 C.1.J | |  |  |  |  |  |
| c | If the client is working, does the progress report indicated the hourly wage and percentage of intervention hours?  34 CFR 361.5(b)(53) / NDVR SP 07-01 | |  |  |  |  |  |
| d | If there was a need to interrupt or restart SE, is it documented, and was there involvement from the team?  Good Rehabilitation Practice ☺ | |  |  |  |  |  |
|  | | | | **N/A** | **1** | **2** | **3** | **4** |
| 29 | a | If VR is participating in the cost of post secondary education, was the NDVR Financial Aid Worksheet used correctly? **Code NA if prior to July 2000.**  34 CFR 361.48(f) / 34 CFR 361.5(b)(10)(ii) / NDVR SP 10-01 | |  |  |  |  |  |
| b | Are exceptions noted in the comment section?  NDVR SP 10-01 | |  |  |  |  |  |
| 30 | a | Is there documentation to show the results of the financial needs test?  34 CFR 361.54(b) / NDAC 75-08-01-26.1 | |  |  |  |  |  |
| b | Did the financial needs test include allowances for disability related expenses?  34 CFR 361.54(b) / NDAC 75-08-01-26.2 | |  |  |  |  |  |
| 31\* |  | Overall, were the VR counselor’s efforts timely in meeting the employment needs of the individual?  Good Rehabilitation Practice ☺ | |  |  |  |  |  |
| ***Reviewer’s Comments – SERVICE PLANNING AND DELIVERY*** | | | | | | | | |
| **IV. TRANSITION**  **If the individual is not a transition student, go to section V.** | | | | **Criteria:** | | | | |
| N/A Not Applicable  1 Meets criteria  2 Meets with exception  3 Does not meet criteria  4 Info not recorded | | | | |
| **N/A** | **1** | **2** | **3** | **4** |
| 32 |  | Does the record reflect that the VR counselor was involved in the Transition Team?  Good Rehabilitation Practice ☺ | |  |  |  |  |  |
| 33 |  | If the student was under an IEP or 504 Plan, were they referred prior to their senior year?  Good Rehabilitation Practice ☺ (For data collection only, not included in overall score) | |  |  |  |  |  |
| 34 |  | Does the record demonstrate VR’s involvement in career planning with the student and the parents or guardians as appropriate?  34 CFR 361.48(c) / 34 CFR 361.52 / NDAC 75-08-01-01.14 | |  |  |  |  |  |
| 35 |  | If the student is 18 or older, is there a signed release to talk with the parents or guardians?  34 CFR 361.38 / NDAC 75-08-01-11 | |  |  |  |  |  |
| 36 |  | Were the Transition CD and pamphlet given to the student?  Good Rehabilitation Practice ☺ (For data collection only, not included in overall score) | |  |  |  |  |  |
| 37 |  | Was the case identified as Transition in VRIS?  Extends allowable length of time in Status 10 ☺ | |  |  |  |  |  |
| 38 | a | As required by the federal regulations, was the IPE developed prior to completing school?  34 CFR 361.22(a)(2) / 34 CFR 361.45 / NDAC 75-08-01-24.4 | |  |  |  |  |  |
| b | If No, is there documentation to explain why not?  Support for audit exceptions ☺ | |  |  |  |  |  |
| ***Reviewer’s Comments - Transition*** | | | | | | | | |
| \*Question #31 should always be answered | | | | | | | | |
| **V. CLOSURE**  **Questions 39 and 40 are for all closed cases. Questions 41 – 51 are for Status 26 closures only.**  **If the employment outcome is Self-Employment, complete both Section V ‑ Closure and Section VI ‑ Self Employment.** | | | | **Criteria:** | | | | |
| N/A Not Applicable  1 Meets criteria  2 Meets with exception  3 Does not meet criteria  4 Info not recorded | | | | |
| **N/A** | **1** | **2** | **3** | **4** |
| 39 |  | Was the individual informed they have 30 days to appeal the decision to close the case in the closure letter?  34 CFR 361.57 / NDAC 75-08-01-07.2 | |  |  |  |  |  |
| 40 |  | Is it documented that the individual was involved in the decision to close the case file, or that there was a ‘good faith’ effort on the part of the counselor to involve the individual in the closure decision?  34 CFR 361.43 / 34 CFR 361.56 / NDAC 75-08-01-(33-34) | |  |  |  |  |  |
| 41 | a | Is the employment outcome consistent with the individual’s unique strengths, resources, abilities, capabilities, priorities and concerns?  34 CFR 361.56(a)(1) | |  |  |  |  |  |
| b | Is the employment outcome consistent with the individual’s unique interests and informed choice?  34 CFR 361.56(a)(1) | |  |  |  |  |  |
| 42 |  | Is the employment in the most integrated setting possible, consistent with the individual’s informed choice?  34 CFR 361.56(a)(1) / NDAC 75-08-01-34.1.f | |  |  |  |  |  |
| 43 | a | Did both the individual and the counselor consider the employment outcome to be satisfactory?  34 CFR 361.56(c) / NDAC 75-08-01-34.1.e | |  |  |  |  |  |
| b | Did both the individual and the counselor agree that the individual is performing well on the job?  34 CFR 361.56(c) / NDAC 75-08-01-34.1.e | |  |  |  |  |  |
| 44 |  | Did the individual achieve the employment goal identified on the IPE, or a closely related goal?  34 CFR 361.56(a) | |  |  |  |  |  |
| 45 |  | Did VR services contribute to the individual’s achievement of the employment goal?  34 CFR 361.47(a)(14) / NDAC 75-08-01-34.1.d | |  |  |  |  |  |
| 46 | a | If in competitive employment, do both the service record and printed case profile reflect verification that individual is compensated at or above minimum wage? **Endnote 6**  34 CFR 361.47(a)(9) / 34 CFR 361.88(a)(3) / RSA-911 | |  |  |  |  |  |
| b | If in competitive employment, does the service record show that the level of benefits was usual and customary?  34 CFR 361.47(a)(9) | |  |  |  |  |  |
| 47 |  | Did the individual maintain employment for an appropriate period of time, but at least for 90 days? **Code NA if SE, and go to question 48.**  34 CFR 361.56(b) / NDAC 75-08-01-34.1 | |  |  |  |  |  |
|  | | | | **N/A** | **1** | **2** | **3** | **4** |
| SE48 | a | Was job performance and intervention rate stabilized before being put into status 22?  NDAC 75-08-01-34.2(c-d) | |  |  |  |  |  |
| b | Prior to receiving extended services, did the individual require 20% or less intervention for two months, or less than 50% for four months?  NDVR SP 07-01.B | |  |  |  |  |  |
| c | Was the case in status 22 for at least 120 days: at least 60 days prior to transitioning to extended services, and at least 60 days after transitioning to extended services?  NDAC 75-08-01-34.2(c-d) | |  |  |  |  |  |
| d | Did the final $1500 payment occur after the closure criteria were met?  NDVR SP 07-01.D | |  |  |  |  |  |
| ***Reviewer’s Comments – EMPLOYMENT OUTCOME*** | | | | | | | | |
| **VI. SELF-EMPLOYMENT** | | | | **Criteria:** | | | | |
| N/A Not Applicable  1 Meets criteria  2 Meets with exception  3 Does not meet criteria  4 Info not recorded | | | | |
| **N/A** | **1** | **2** | **3** | **4** |
| 49 |  | Does documentation show the process for self-employment was followed? | |  |  |  |  |  |
|  | Step 1. Client indicates self-employment as their IPE goal.  Step 2. Client Views PLANNING FOR SUCCESS CD-ROM.  Step 3. Client Completes Pre-Screening BAS tool.  Step 4. Review pre-BAS.  Step 5. Client is connected with business planning partners.  Step 6. BAS is conducted.  Step 7. Review BAS and recommendations.  Step 8. Submit a copy of the BAS, a summary letter, and business plan with financials to the state office and a copy included in the case file.  OVR/OP/CLS 98-01 | |  | | | | |
| 50 |  | The IPE and case record clearly identify client responsibilities based on the results of the BAS.  34 CFR 361.46 / OVR/OP/CLS 98-01 | |  |  |  |  |  |
| 51 |  | The IPE and case record clearly identify VR services based on the results of the BAS.  34 CFR 361.46 / OVR/OP/CLS 98-01 | |  |  |  |  |  |
| ***Reviewer’s Comments – SELF EMPLOYMENT*** | | | | | | | | |

**ND VOCATIONAL REHABILITATION**

**CASE REVIEW GUIDE**

**2011-2012**

**ENDNOTES**

**Endnote 1 - Question 3a, page 1**

Count the application date as day zero. For example, if the status 02 date is January 3, and the status 10 date is January 15, the number of days from application to eligibility is 12. This has been verified by the state fiscal auditor on 03/04/2011.

**Endnote 2 - Question SE5, page 2**

To be eligible for supported employment, the individual must be eligible for VR services, have a most significant disability, and the comprehensive assessment of rehabilitation needs, including an evaluation of rehabilitation, career, and job needs identifies supported employment as the appropriate employment outcome for the individual.

**Endnote 3 - Question 11, page 2**

Documentation to show that the employment goal is supported by current labor market information can include information such as state, regional and/or national employment projections, economic trends, current and projected unemployment rates, etc.

**Endnote 4 - Question 27, page 4**

Bid Requirements:

|  |  |  |
| --- | --- | --- |
| Before July 24, 2006 | On or after July 24, 2006 |  |
| $ 0 - $ 499 | $ 0 - $ 1500 | No bids required |
| $ 500 - $ 1000 | $ 1501 - $ 2500 | 3 written or oral bids |
| Over $ 1000 | Over $ 2500 | 3 written or oral bids and SFN 2706 and/or SFN 2708 |

Or sole source documentation.

**Endnote 5 - Question SE28a, page 4**

SEP Payment Schedule effective October 1, 2007

|  |  |  |
| --- | --- | --- |
|  |  | Individual Placement |
| Pre-Placement | Referral | $300 |
|  | Assessment Report | $300 |
| Job Development | Job Begins | $400 |
| Training | Month 1 | $1000 |
|  | Month 2 | $750 |
|  | Month 3 | $750 |
|  | Month 4 | $500 |
|  | Month 5 | $500 |
|  | Month 6 | $250 |
|  | Month 7 | $250 |
|  | Month 8 | $150 |
|  | Month 9 | $150 |
|  | Additional Months | $150 |
| Status 26 | Final Payment | $1500 |

**Endnote 6 - Question 46a, page 6**

Divide the Weekly Earnings by the Weekly Hours Worked found on the Case Profile to determine Minimum Wage:

|  |  |
| --- | --- |
| Prior to 07/23/2007: | $5.15 |
| 07/24/2007 – 07/23/2008: | $5.85 |
| 07/24/2008 – 07/23/2009: | $6.55 |
| 07/24/2009 or after: | $7.25 |