#  8/18/10

# **VR Case Review Guide**

# **Oregon Commission for the Blind**

# Client Name: Status:

# Counselor:

# Reviewer: Review Date:

# Application: Eligibility: IPE:

# **I. Application**

### [ ] Yes [ ] No [ ] NA 1. Is the application signed by the client or guardian and dated?

 **Comments:**

### [ ] Yes [ ] No [ ] NA Is the 02 status change date the same as the signed application date?

 **Comments:**

3. [ ] Yes [ ] No [ ] NA Is the application data complete and accurate?

 **Comments:**

**II. Initial Intake Information**

### [ ] Yes [ ] No [ ] NA Is the initial intake information recorded in the file?

 **Comments:**

### **III.** **Eligibility Determination**

## **A. Disability Classification and Coding**

### [ ] Yes [ ] No [ ] NA Was the **primary impairment and cause** code accurately recorded?

 **Comments:**

#

### [ ] Yes [ ] No [ ] NA Was the **secondary impairment and cause** code accurately recorded?

 **Comments:**

## **B. Establishing Eligibility**

### 1. [ ] Yes [ ] No [ ] NA Is there evidence and documentation that the client is **legally blind**, or that they have a condition that is likely to lead to legal blindness?

**Comments:**

### 2. [ ] Yes [ ] No [ ] NA Is there evidence and documentation of a physical or mental **impairment other than legal blindness?**

**Comments:**

### 3. [ ] Yes [ ] No [ ] NA Is there evidence and documentation that the primary and/or secondary impairment results in a substantial **impediment to employment**?

 **Comments:**

### 4. [ ] Yes [ ] No [ ] NA Is there evidence that the person **required vocational rehabilitation services** to prepare for, secure, retain, or regain employment?

**Comments:**

### 5. [ ] Yes [ ] No [ ] NA Is the eligibility certificate signed and in the file?

 **Comments:**

### 6. [ ] Yes [ ] No [ ] NA Was the individual notified of their eligibility status by letter?

 **Comments:**

### 7. [ ] Yes [ ] No [ ] NA Was the **eligibility determination** made within 60 days? OR was there written confirmation that the person agreed to an extension for a specified period of time?

 **Comments:**

 8. [ ] Yes [ ] No [ ] NAIf **extended evaluation** was used, was it used appropriately?

 **Comments:**

 9. [ ] Yes [ ] No [ ] NAIf **extended evaluation** was used, was a signed IPE developed to include services to determine eligibility?

 **Comments:**

#

## **C. Order of Selection**

### 1. [ ] Yes [ ] No [ ] NA Were proper case management procedures followed if opened during an order of selection period?

 **Comments:**

### 2. [ ] Yes [ ] No [ ] NA Has the client been assigned the proper priority category and sufficient documentation to support that decision using the Functional Limitation Checklist?

###  **Comments:**

### 3. [ ] Yes [ ] No [ ] NA Do the functional limitations identified on the Functional Limitations Checklist match the functional limitations on the Certificate of Eligibility?

### **Comments:**

# **IV. Establishing and Receiving Services**

## **A. Comprehensive Assessment**

### 1. [ ] Yes [ ] No [ ] NA Was a comprehensive assessment adequately done to determine the client’s rehabilitation needs?

 **Comments:**

2. [ ] Yes [ ] No [ ] NA If evaluation services were provided, were these services needed and appropriate to establish eligibility or to do a comprehensive assessment prior to IPE development?

 **Comments:**

## **B. Individualized Plan for Employment**

### [ ] Yes [ ] No [ ] NA Does the IPE document a **specific vocational goal** that was chosen by the eligible individual and agreed to by the vocational rehabilitation counselor?

###

 **Comments:**

2. [ ] Yes [ ] No [ ] NA Is there adequate documentation in the file to show that the vocational goal is consistent with the client’s unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice?

**Comments:**

3.[ ] Yes [ ] No [ ] NA Did the client have **informed choice** in selecting services, service providers and settings of those services?

#  **Comments:**

#

### 4. [ ] Yes [ ] No [ ] NA Do the IPE and amendments include a description of the **criteria to evaluate progress** toward achievement of the employment outcome?

###

 **Comments:**

### 5. [ ] Yes [ ] No [ ] NA Were **comparable benefits** considered and used whenever possible?

#  **Comments:**

#

### 6. [ ] Yes [ ] No [ ] NA Does the IPE have client and counselor **signatures**?

 **Comments:**

### 7. [ ] Yes [ ] No [ ] NA Were **annual reviews** completed?

#

#  **Comments:**

 8. [ ] Yes [ ] No [ ] NA Were **amendments** done as needed and signed by client and counselor for major changes in services, service dates, or changes in vocational goal or plan?

 **Comments:**

9. [ ] Yes [ ] No [ ] NA Are barriers identified in the Eligibility statement dealt with through intermediate objectives and services in the VR IPE?

 **Comments:**

## **C. Services Provided**

### [ ] Yes [ ] No [ ] NA Are services provided listed on the IPE?

 **Comments:**

###

### [ ] Yes [ ] No [ ] NA Were all services on the IPE provided, or is there adequate documentation if they were not provided?

###

 **Comments:**

### [ ] Yes [ ] No [ ] NA Were the services provided required and related to the vocational goal?

 **Comments:**

###

### [ ] Yes [ ] No [ ] NA Did provision of maintenance follow federal rules of being in excess of the normal expenses or justification provided otherwise?

 **Comments:**

### [ ] Yes [ ] No [ ] NA Is there a **title transfer and receipt** for equipment issued?

 **Comments:**

#  6. [ ] Yes [ ] No [ ] NA Were appropriate procurement procedures used for purchases made after 7/28/10 (Buy Decision training)?

###

 **Comments:**

### 7. [ ] Yes [ ] No [ ] NA Were agency rules followed for **reader services**?

 **Comments:**

#

### 8. [ ] Yes [ ] No [ ] NA Were agency rules followed for **business ventures** (business plans, no high risk or hobby businesses, other financial resources researched, etc.)?

**Comments:**

9. [ ]Yes [ ] No [ ]NA Were agency rules followed for **college services** (financial aid, comprehensive evaluation, copies of grades, out of state support, advanced study)?

###

 **Comments:**

 10. [ ] Yes [ ] No [ ] NA Were agency rules followed for provision of **equipment**?

 **Comments:**

11. [ ] Yes [ ] No [ ] NA If services were purchased from **vendors**, are vendor reports present in the hard or electronic file describing the services provided, client progress, and outcomes?

###  **Comments:**

###

# **V. Case Closure**

## **A. All closed files**

### 1. [ ] Yes [ ] No [ ] NA Is it documented that the client was involved in the decision to close the case, or that a “good faith” effort to involve the client was made?

###

 **Comments:**

### 2. [ ] Yes [ ] No [ ] NA Was the client informed in writing that their case was closed and did the written closure information include information about client assistance services, appealing the decision to close the case, and post-employment if closed in status 26?

###  **Comments:**

###

### 3. [ ] Yes [ ] No [ ] NA Does the case file include accurate closure data and the reason for closure?

 **Comments:**

## **B. Status 26 Cases**

### [ ] Yes [ ] No [ ] NA Does the most recent occupational goal in the IPE match as closely as possible the work the client is performing at closure?

 **Comments:**

### [[ ] Yes [ ] No [ ] NA Does the case record show that VR services contributed significantly to the individual’s achievement of the employment outcome?

###

 **Comments:**

### [ ] Yes [ ] No [ ] NA Is the information in the “employment status at closure” section recorded correctly?

 **Comments:**

 4. [ ] Yes [ ] No [ ] NA Does the case record provide adequate information about the client’s employment (employer name, description of job duties, how well client was performing on the job, accommodations needed, etc.?)

**C. Post Employment Cases**

1. [ ] Yes [ ] No [ ] NA If the case was opened in Post Employment, was a signed IPE amendment done to include Post Employment services?

 **Comments:**

2. [ ] Yes [ ] No [ ] NA For the type and extent of services needed, does post employment seem appropriate vs reopening the case?

 **Comments:**

# **VI. General Comments**

**VII. Center and Field Teacher Reports**

**Client: Counselor:**

**Reviewer: Review Date:**

**Teacher: Service(s) Provided:**

Do teacher reports…..

 1. [ ] Yes [ ] No [ ] NA …describe pre-training skill levels?

 **Comments:**

 2. [ ] Yes [ ] No [ ] NA…describe training goals?

 **Comments:**

 3. [ ] Yes [ ] No [ ] NA…describe training progress?

 **Comments:**

 4. [ ] Yes [ ] No [ ] NA…describe post-training skill levels?

 **Comments:**

 5. [ ] Yes [ ] No [ ] NA…tie services to employment?

 **Comments:**

 6. [ ] Yes [ ] No [ ] NA…describe level of client participation, attendance, or other issues pertinent to achievement of the vocational goal?

 **Comments:**

 7. [ ] Yes [ ] No [ ] NA…include recommendations if further services are needed from agency or outside sources?

 **Comments:**

**General Comments (Center & Field Teacher Reports)**

**VIII. Business Enterprise Program (BEP)**

**Client: Counselor:**

**Reviewer: Review Date:**

 1. [ ] Yes [ ] No [ ] NA Was the BE referral client evaluated to determine whether the BE referral had adequate minimum skills to succeed in the BE program?

 **Comments:**

 2. [ ] Yes [ ] No [ ] NA If the BE referral was made after 7/29/08, were the proper procedures followed from the agency’s “Business Enterprise Program Referral, Assessment, and Training Procedures”?

 **Comments:**

 3. [ ] Yes [ ] No [ ] NA Was appropriate and significant training provided to prepare the individual to manage a unit?

 **Comments:**

 4. [ ] Yes [ ] No [ ] NA Does the case record describe client’s training progress?

 **Comments:**

 5. [ ] Yes [ ] No [ ] NA Does the case record describe client’s performance on the job before closure?

 **Comments:**

 6. [ ] Yes [ ] No [ ] NA If applicable, do BE purchases follow the agency’s BE purchase guidelines (3/3/06)?

 **Comments:**

**General Comments (BEP)**

Note: Further BEP Review questions will be addressed in a separate review for closed clients.

SELF-ASSESSMENT INSTRUMENT FOR

STATE LICENSING AGENCIES ADMINISTERING THE RANDOLPH-SHEPPARD PROGRAM

**INTRODUCTION**

The Self-Assessment Instrument (SAI) for State Licensing Agencies (SLAs) is designed to assist each state Randolph-Sheppard program to identify effective practices and highlight areas for improvement. The voluntary use of this instrument can assist SLAs in strengthening program activities leading to more effective administration and operation of the program and improved program outcomes. The Rehabilitation Services Administration (RSA) may periodically suggest that SLAs use one or more sections of the SAI process to assist RSA in providing guidance and technical assistance as needed.

The SIA consists of three primary sections:

1. A self-assessment guide that contains an outline of broad functional areas to be completed by appropriate SLA staff;
2. A three-year analysis of selected data from the RSA-15 (Report of Vending Facility Program), which is completed by RSA staff and shared with the SLA; and
3. An interview with both structured and open-ended features conducted by RSA staff by teleconference with members of the State Committee of Blind Vendors.

**THE SELF-ASSESSMENT GUIDE**

RSA recommends that the SLA utilize the self-assessment guide on a routine basis to provide internal monitoring and enhance uniformity in program operations.

The purpose of the Guide is to:

* Assist the SLA in identifying problem areas or program issues which may require technical assistance from RSA;
* Assist the SLA in preparing for more comprehensive onsite reviews by RSA;
* Assist the SLA in resolving deficiencies or compliance issues with Federal law, regulations and guidelines;

The following are documents that should be reviewed and evaluated by SLA staff in order to effectively complete the attached Self-Assessment Guide.

1. State rules and regulations, and policies on confidentiality;
2. Vendor agreements and nominee agreement;
3. Current set-aside schedule;
4. State Randolph-Sheppard operating manual and policies or procedures provided to vendors including vendor evaluation criteria and SLA field staff performance evaluation criteria;
5. Most recent State or private audits of the program;
6. State preference laws;
7. Bylaws of the State Committee of Blind Vendors;
8. Statement of Income and Expenses, and Balance Sheets on the program for the last two years.

## **RSA-15 DATA ANALYSIS**

A trend analysis of RSA-15 data can serve to:

* Provide insight concerning program direction, growth and development by evaluating changes in output indicators such as the numbers of vendors and facilities, program income, vendor earnings, types of facilities, etc;
* Provide data on the overall productivity of the program and its relationship to average national performance;
* Indicate the ability of the SLA to manage the program and provide quality services to facility managers resulting in customer satisfaction.

## **INTERVIEW**

Through a teleconference with State Elected Committee (EC) members, RSA can assess the perspective of the EC in significant areas of the program including:

* The level of active participation by the Committee in developing and/or revising State rules and policy manuals;
* The process of vendor selection, promotion, and transfer policies;
* Committee election and representation of all vendors in the program;
* Information on how issues are reconciled when differences exist between the Committee and the SLA on policy and administrative decisions.

The Self-Assessment Instrument serves as a management tool for SLA staff and an informational tool for RSA staff in providing ongoing technical assistance, and monitoring. Through the identification of program strengths and weaknesses, both the SLA and RSA can work together to improve the overall program, and to develop problem-solving solutions. Use of any of the components of the SAI is at the discretion of the SLA; however, states will find it particularly helpful to complete the Self-Assessment Guide when preparing for an on-site monitoring visit from RSA.

**RANDOLPH-SHEPPARD PROGRAM**

### SLA SELF-ASSESSMENT GUIDE

|  |  |
| --- | --- |
| **STATE AGENCY NAME** |  |
| ADDRESS |  |
|  |
|  |
| AGENCY DIRECTORTELEPHONEFAX |  |
|  |
|  |
| PROGRAM CONTACTTELEPHONE E-MAIL |  |
|  |
|  |
|  REVIEWER(S) |  |
|  |
|  |
|  |
| DATE(S) REVIEWED |  |

|  |
| --- |
| A. PROGRAM STRUCTURE AND ORGANIZATION |
| 1. Describe the organizational structure of the Vending Facility Program (VFP). Is it consistent with the approved plan for the SLA? If not, explain. |
|  |
| 2. How is the VFP funded? |
|  |
| 3. Describe any problems or issues related to the program structure or support and any actions being taken to address these.  |
|  |
| 4. Describe the structure and function of the nominee agency, if applicable (i.e. structure and composition of the governing board, staff, contract terms and status, etc.). NOTE: Indicate nominee agency involvement, as appropriate, in completing other sections of the guide.  |
|  |

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| **B. PROGRAM PERSONNEL** |
| 1, What is the current number of VFP staff? (This number should agree with what is reported on the RSA-15) |   | FTE |  |
| 2. List each employee (SLA / Nominee Agency) and job title (include vacancies)  |
| SLA | Nom | Employee Name | Job Title | FTE |
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| 3. Give a description of the duties and responsibilities of each job title, including number of vendors/locations assigned to Business Enterprise Counselors/ Management Analysts. |
| Job Title: |
| Duties and Responsibilities: |
|  |
| Job Title: |
| Duties and Responsibilities: |
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| Job Title: |
| Duties and Responsibilities: |
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| Job Title: |
| Duties and Responsibilities: |
|  |
| 4. Is current staffing adequate to enable the SLA to carry out its responsibilities? If not, what is needed? | YES | NO | NA |
|  |  |  |
|  |
| 5. Does the agency address the training/staff development needs of VFP staff (including training in blindness)? | YES | NO | NA |
|  |  |  |
|  |
| 6. Does the agency provide training in business management & development to VFP staff? Explain.  | YES | NO | NA |
|  |  |  |
|  |
| 7. Are agency staff development and training programs available for all VFP staff? | YES | NO | NA |
|  |  |  |
|  |
| 8. List training resources used for VFP staff development. |
|  |
| 9. How are training needs identified?  |
|  |
| 10. Are staff development and training activities evaluated for impact? | YES | NO | NA |
|  |  |  |
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| C. RELATED STATE LAWS |
| 1. Does the State have a mini “Randolph-Sheppard Act” or codified rules & regulations? Describe any special features.  | YES | NO | NA |
|  |  |  |
|  |
| 2, What is the recognized preference at the State level?a. priority b. right of first refusal c. preference d. parity with others e. other | YES | NO | NA |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
| 3. Does the law/regulations specify requirements/guidance for employing persons with other disabilities? Explain | YES | NO | NA |
|  |  |  |
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| D. STATE LICENSING AGENCY DESIGNATION/ POLICY & PROCEDURES |
| 1. Have there been amendments or changes to state regulations or set-aside since RSA approval of the SLA application? | YES | NO | NA |
|  |  |  |
| 2. Have amendments/changes been approved by RSA as applicable? *(34 CFR 395.4 & 34 CFR 395.3(a)(11)(iii))* | YES | NO | NA |
|  |  |  |
| 3. Review the process for developing amendments to rules and regulations for timeliness, compliance, active participation, etc.  |
|  |
| 4. Have amendments been made or are amendments contemplated or in progress? Briefly describe. | YES | NO | NA |
|  |  |  |
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| --- |
| E THE ELECTED COMMITTEE OF BLIND VENDORS |
| 1. Is the Committee of Blind Vendors representative of all vendors in the state? *(34 CFR 395.14(a))* | YES | NO | NA |
|  |  |  |
|  |
| 2, What is the process for election/selection of the Committee? Note any problems or issues. *(34 CFR 395.14(a))* |
|  |
| 3. Is there documentation of active involvement by the Committee in major administrative and policy decisions affecting the program? *(34 CFR 395.14 (b))* Explain. | YES | NO | NA |
|  |  |  |
|   |
| 4. With respect to committee meetings: | YES | NO | NA |
|  a. Are regular meetings held? How often?  |  / Yr |  |  |  |
|  b. Are meetings advertised in accessible formats? |  |  |  |
|  c. Are meetings open to the public? |  |  |  |
|  d. Are agendas determined with EC input? How? |  |  |  |
|  |
|  e. Are agendas and meeting materials accessible? |  |  |  |
|  f. Is there opportunity for public comment? |  |  |  |
|  g. Is agency staff present at the meetings? |  |  |  |
|  h. Are minutes kept of all meetings? |  |  |  |
|  i. Are minutes distributed in accessible formats? |  |  |  |
| 1. Are there up-to-date bylaws or policies governing

 the operation of the committee? How recent? |  |  |  |
|  k. Are by-laws and policies followed? If no, explain. |  |  |  |
|  |

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| F. POLICIES AND PROCEDURES |
| 1. What procedures are used to develop and disseminate policy to agency staff and to vendors? *(34 CFR 395.7(c))* |
|  |
| a. How are vendors informed about state and federal laws and regulations which govern the program and with which they must comply? |
|  |
| b. Is the Committee of Blind Vendors’ involved in developing policies, procedures, regulations and amendments; and in the determination of changes in the schedule for levying set-aside charges. Describe the level of involvement.  |
|  |
| c. Do minutes of Committee meetings reflect EC participation in major administrative decisions and policy development? (34 CFR 395.14(b)(1)) | YES | NO | NA |
|  |  |  |
|  |
| d. Is the Committee informed in writing/alternate media of policy decisions from agency administration? | YES | NO | NA |
|  |  |  |
|  |
| e. How are issues resolved or reconciled when differences exist between the committee and the SLA?  |
|  |
| f. Is there documentation of training to staff and vendors on policy, etc.? | YES | NO | NA |
|  |  |  |
|  |
| 2. Where a nominee agency is utilized, assess involvement of the Committee in the nominee contract and ongoing operation. |
|  |

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| --- |
| G. VENDOR PERSONNEL FILE  |
| 1. Do(es) vendor file(s) include documentation of: | YES | NO | NA |
| a. Vendor eligibility for the program? *(34 CFR 395.7(a))* |  |  |  |
| 1. Is there documentation of the person’s blindness

 from a licensed ophthalmologist or optometrist? |  |  |  |
|  ii. Has U.S. citizenship been established and  documented? |  |  |  |
| 1. Is there state certification of capability to operate

 a vending facility? |  |  |  |
| b. Copy of vendor license? |  |  |  |
| c. Training provided (OJT, upward mobility training, retraining, etc.)? *(34 CFR 395.11))* |  |  |  |
| d. Transfer and promotion documentation? |  |  |  |
| e. Vendor agreement, current permit or cafeteria contract? Put NA if in separate facility file. |  |  |  |
| f. Equipment list/inventory furnished to a vendor upon assignment to a new location? |  |  |  |
| g. Provision/receipt of written (or appropriate medium) policies and procedures for administrative review, full evidentiary hearing and arbitration? *(34 CFR 395.13))* |  |  |  |
| h. Provision/receipt of written (or appropriate medium) manual of program rules and regulations? |  |  |  |
| i. Periodic evaluation of vendor performance and progress in training and participation in VFP? (evaluation, exams, etc) |  |  |  |
| j. Probationary actions, license suspensions or terminations, complaints, etc.? |  |  |  |
| k. Extended leave, resignation, or retirement? |  |  |  |
| l. Signed release of information, if applicable? |  |  |  |
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| H. COORDINATION WITH VR |
| 1. During an active VR case:  | YES | NO | NA |
| a. Is there documentation of communication between the VR counselor and the VFP? |  |  |  |
| b. Are training and other services available and funded by the Section 110 program? *(34 CFR 395.11)* |  |  |  |
| c. Is mutual planning for needs of client occurring, especially for cost items necessary to achieve successful placement? |  |  |  |
| d. Are post-employment services available and utilized by vendors? *(34 CFR 395.11)* |  |  |  |
| e. Have vendor locations been considered by VR for non-manager positions in the employment of persons with other disabilities? |  |  |  |
| 2. Are confidentiality procedures on the safeguard and disclosure of information in compliance with federal and state policy? *(34 CFR 395.12)* |  |  |  |
| a. Are monitoring procedures in place to assure confidentiality? |  |  |  |
| b. Are disclosure of information procedures known to all staff and Committee members to assure compliance with confidentiality policies? |  |  |  |
| 3. Cite any responsibilities or involvement of the nominee agency in the coordinated services of the VFP and the VR program? |
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| --- |
| I. VENDOR TRAINING |
| 1. For new trainees:  | YES | NO | NA |
| a. Is there a formal curriculum? (review) |  |  |  |
| b. Are there performance criteria? (review) |  |  |  |
| c. Is on the job training included? *(34 CFR 395.11)* |  |  |  |
| 2. Describe training for the following, including curriculum content, trainee performance evaluation methods, and length of training: |
| a. Vending facilities (dry/snack bars)  |
|  |
| b. Cafeterias |
|  |
| c. Vending routes |
|  |
| d. Military Dining Facilities |
|  |
| e. NRAEF Training (i.e. ServSafe, management, etc.) and NAMA training |
|  |
| 3. Describe the upward mobility and in-service training provided in the past three years. *(34 CFR 395.11)* |
|  |
| 4. Is there training that is desired or requested by staff or vendors that has not been provided? Give reasons.  |
|  |
| 5. Describe how training is or is not consistent with the performance standards described in RSA TAC-97-02. |
|  |
|  |
| J. TRANSFER AND PROMOTION POLICIES |
| 1. Review the SLA’s current transfer and promotion policies and recent records to determine:  | YES | NO | NA |
| a. Does the SLA follow its approved transfer and promotion policies? *(34 CFR 395.7(c))* |  |  |  |
| b. Is an objective and definable evaluation system being used by the SLA? |  |  |  |
| c. Are vendors that are not selected provided feedback? |  |  |  |
| d. Does the selection committee recommend further training or specific areas for improvement to the unsuccessful vendor? |  |  |  |
| 2. Do vendors understand the SLA’s transfer and promotion policies (assessed through vendor interviews)? |  |  |  |
| 3. How are vendors made aware of policies related to transfer and promotion? *(34 CFR 395.7(c))* |
|  |
| 4. Have current policies presented any problems? If so, describe. |
|  |
| 5. Describe any plans to amend the transfer and promotion policies, including the participation of the Committee in the development of proposed changes.  |
|  |
| 6. Explain involvement of nominee agency in transfer and promotion (if applicable). |
|  |

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| --- |
| K. VENDOR RIGHTS AND REMEDIES |
| 1. a. Has the agency provided vendors written (and/or other appropriate medium) policies and procedures for administrative review, full evidentiary hearing and arbitration?  | YES | NO | NA |
|  |  |  |
|  b. Is there documentation this has occurred. |  |  |  |
| 2. a. Has the agency provided training to VFP staff and vendors on the use of such procedures?  | YES | NO | NA |
|  |  |  |
|  b. If yes, indicate when the last training was provided and any future training activities planned. |
|  |
| 3. In administering these procedures, what has been the SLA experience over the past three fiscal years? |
| a. Number of complaints filed  |  |
| b. Number settled prior to full evidentiary hearings |  |
| c. Number of fair hearings resulting in favorable decisions to the vendor |  |
| d. Number of fair hearings resulting in unfavorable decisions to the vendor |  |
| 4. How many arbitrations have been requested in the last three fiscal years? |  |
| a. State vs. vendor |  |
| b. Federal vs. state |  |
|  |  |

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| L. PERMITS |
| 1. What has the SLA done to assure that vendors understand the provisions of the permit? (ex. training) |
|  |
| 2. What state procedures are used to ensure that permits, agreements, and contracts are being followed by both the vendor and the facility/ building manager? |
|  |
| 3. Are permits regularly reviewed to determine that content is current? What is the date of the last review? / / | YES | NO | NA |
|  |  |  |
| 4. Have there been any problems with the permit process? If yes, please describe. | YES | NO | NA |
|  |  |  |
|  |

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| **M. FACILITY FILE (If Applicable)** |
| 1. Is a copy of the current contract/agreement and permit on file? | YES | NO | NA |
|  |  |  |
| 2. Has the vendor also received a copy of these documents | YES | NO | NA |
|  |  |  |
| 3. Are all purchase orders issued for the unit filed? Are invoices attached or able to be tracked?  | YES | NO | NA |
|  |  |  |
| 4. Are all monthly profit and loss statements filed? (may be elsewhere) | YES | NO | NA |
|  |  |  |
| 5. Are regular inspection reports from VFP staff on file? | YES | NO | NA |
|  |  |  |
| 6. Are all complaints or recommendations concerning management of the facility filed with documented responses? | YES | NO | NA |
|  |  |  |
| 7. Is a copy of the opening inventory and opening statement included in the file? | YES | NO | NA |
|  |  |  |
| 8. If records are not maintained by individual facility, are records pertaining to individual facilities easily identified? | YES | NO | NA |
|  |  |  |

|  |
| --- |
| **N. VENDING FACILITY ESTABLISHMENT** |
| 1. Does the State use a site survey document to determine acceptability of a facility site? *(34 CFR 395.3(a)(3))* | YES | NO | NA |
|  |  |  |
| 2. What criteria are utilized for determination of an acceptable site? *(34 CFR 395.3(a)(3) and 395.31))* |
|  |
| 3. Are there state laws or other criteria governing minimum requirements which the SLA must meet? | YES | NO | NA |
|  |  |  |
|  |
| 4. What types of facilities does the SLA apply for and/or manage? |
|  |
| 5. What is the agency’s policy on managing “contract” cafeterias? Did the Committee have input into this policy? |
|  |
| 6. What is the current status of the implementation of the Surface Transportation Act (i.e. highway vending)? |
|  |
| 7. How many sites were evaluated in the last federal fiscal year?  |  |
| a. Number of sites turned down (review documentation) and reasons ? |  |
|  |
| b. Number of new sites developed or under development. |  |
| 8. Does the SLA have a current marketing plan for the program? (Review the plan and marketing materials) | YES | NO | NA |
|  |  |  |
|  |
|  |
| O. STRATEGIC PROGRAM PLANNING AND DEVELOPMENT |
| 1. Does the SLA have a plan to refurbish or expand the facilities program? How will this be funded? | YES | NO | NA |
|  |  |  |
|  |
| 2. Has the agency examined the cost/benefit for the various types of facilities required to meet the need of blind vendors? If yes, how was this needs assessment accomplished? | YES | NO | NA |
|  |  |  |
|  |
| 3. What procedures have been developed by the SLA to determine if any federal agency is failing to comply with the provisions of the Act and implementing regulations at 34 CFR 395.30, 395.31, 395.32, 395.33, and 395.37? Are these procedures effective? |
|  |

|  |
| --- |
| P. BUDGETING (34 CFR 80.20(b)(4)) |
| 1. Does management delegate authority to spend under the budget plan? | YES | NO | NA |
|  |  |  |
|  |
| 2. Who is involved in establishing the budget for the Randolph-Sheppard facility program? |
|  |
| a. How is the budgeting process conducted? |
|  |
| b. Who participates in the budget planning process? |
|  |
| c. What input in budget formulation do BE staff have? |
|  |
| 3. What documents and records are used in the development of the budget? |
|  |
| 4. Are expenditures reported in such a way as to permit comparison with the approved budget? | YES | NO | NA |
|  |  |  |
| 5. Are comparison of budget and expenditures provided on a timely basis? | YES | NO | NA |
|  |  |  |
| 6. Does management require and review budget amendments for deviations from the annual financial plan (revenue and costs)? | YES | NO | NA |
|  |  |  |
| 7. If funds are accumulating under the set-aside, do the long-range plans in section 0 support these amounts? | YES | NO | NA |
|  |  |  |
|  |
| **Q. ACCOUNTING (FEDERAL AND STATE FUNDS) (34 CFR 80.20)** |
| 1. Does the SLA maintain a formal, written accounting system? *(34 CFR 395.3(a)(11))* | YES | NO | NA |
|  |  |  |
| 2. Are supporting records of expenditures itemized in sufficient detail to show exact nature of the expenditures? | YES | NO | NA |
|  |  |  |
| 3. Were any obligations incurred prior to the beginning of the budget period? If so, why? | YES | NO | NA |
|  |  |  |
|  |
| 4. Are voucher charges identified by date and expense classification and if applicable, grant number? | YES | NO | NA |
|  |  |  |
| 5. Are cancelled checks or warrants kept on file? | YES | NO | NA |
|  |  |  |
| 6. Are checks or warrants drawn down to payees rather than “cash”? | YES | NO | NA |
|  |  |  |
| 7. If the SLA maintains its own checking, are bank statements reconciled monthly? | YES | NO | NA |
|  |  |  |
| 8. Are duties and responsibilities separated so that no one employee has sole control over cash receipts, disbursements, reconciliation of bank accounts, receivables, etc.? If no, give detailed explanation. | YES | NO | NA |
|  |  |  |
|  |
| 9. Is payroll approved by an official who is not responsible for its preparation? | YES | NO | NA |
|  |  |  |
| 10. Is more than one signature required on all checks or warrants? | YES | NO | NA |
|  |  |  |
| 11. Are only key officials authorized to sign checks or warrants? (obtain title of key officials) | YES | NO | NA |
|  |  |  |
|  |
| 12. Does the accounting system meet the needs of the SLA? | YES | NO | NA |
|  |  |  |
| a. Do the financial records meet the requirements of the form RSA-15? |  |  |  |
| b. Are expenditures accumulated in a form that meets the needs of the SLA? |  |  |  |
| c. Are revenues assembled in a form that meets the needs of the SLA? |  |  |  |
| 13. Does the SLA use federal funds other than for administration? |  |  |  |
|  |
| 14. Does the SLA operate vending facilities? If yes, is this a temporary arrangement? How is revenue treated? Review the SLA’s procedures for the receipt and control of revenues from agency-operated facilities. | YES | NO | NA |
|  |  |  |
|  |
| 15. What are the procedures for control of petty cash? |
|  |
| 16. Review the most current RSA-15. Evaluate all administrative costs including those funded under section 110. |
|  |
| 17. Are blind vendors provided access to all financial data of the SLA relevant to the operation of the state VFP including financial reports within the limits of confidentiality? (34 CFR 395.12 | YES | NO | NA |
|  |  |  |
| 18. If the SLA maintains a vending facility for training purposes:  |
| a. How are training costs treated by the SLA operated vending facility? |
|  |
| b. How are revenues treated by the SLA operated vending facility? |
|  |
| 19. Review a copy of the latest State or Federal audit of the state agency’s accounting procedures. |
| a. What is the status of any corrective actions? |
|  |
| b. Who is responsible at the SLA for following up on audit deficiencies?  |
|  |
| c. What policies are in place to ensure that audit deficiencies are corrected? |
|  |

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| R. VENDING FACILITY PROGRAM – FINANCIAL ANALYSIS |
| 1. Obtain and review the vending facility program balance sheets and income statements for the last two federal fiscal years. |
|  |
| 2. Compare all financial statements for six-month or one-year intervals. Review all accounts that have had drastic changes in their amounts and balances. |
|  |
| 3. Using reviewer’s judgment, select other accounts for review. |
|  |
| 4. Compare financial statements with formal published financial reports. |
|  |
| 5. If the SLA uses nominee services, determine if the agreement specifies the basis for remuneration, fiscal controls, and accounting procedures. *(34 CFR 395.3(a)(9))* |
|  |
| 6. What procedures are used to determine if the usage or distribution of income from vending machines on federal property is in conformance with the regulatory requirements? *(34 CFR 395.8)* |
|  |
| a. Has the SLA maintained adequate records to support the reasonableness of the charges against set-aside funds? *(34 CFR 395.9(c))*  | YES | NO | NA |
|  |  |  |
| b. How are assessments reduced for blind vendors when the SLA has remaining undistributed vending machine income? *(34 CFR 395.8(c))* |
|  |
| 7. Do the vendors or the agency make direct payments for goods and services used in the operation of their facility?  | YES | NO | NA |
|  |  |  |
| a. What procedures or policies govern these expenditures? |
|  |
| 8. Does the SLA operate an Initial Stock Loan Program? | YES | NO | NA |
|  |  |  |
| a. What procedures are used? |
|  |
| 9. Are receipts from vending machine firms audited? | YES | NO | NA |
|  |  |  |
| a. What procedures are used? |
|  |

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| S. REVIEW OF VENDOR’S FINANCIAL REPORTS |
| 1. Does the SLA experience problems obtaining periodic reports required from vendors? | YES | NO | NA |
|  |  |  |
| a. If yes, what is the primary reason? |
|  |
| b. What strategies is the SLA using to encourage compliance (fines, suspension, etc.)? |
|  |
| 2. Does the accounting system provide a classification of financial transactions (revenue and expense) for each facility in enough detail to allow for evaluation of each vendor’s performance? *(34 CFR 395.3(a)(11)(iii))* | YES | NO | NA |
|  |  |  |
| 3. Does the agency make headquarter and on-site audit evaluations of vendors’ financial operations? By whom? |  |  |  |
|  |
| 4. Are outside auditors employed in vendors’ reviews? | YES | NO | NA |
|  |  |  |
| 5. How does the SLA utilize the results of vendor reviews? |
|  |
| 6. Are any vendors in arrears in the payment of set-aside fees? If yes, what action has the SLA taken to correct the problem? | YES | NO | NA |
|  |  |  |
|  |
| 7. Describe the procedures used by the SLA to evaluate a facility’s performance and the vendor’s performance. |
|  |

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| **T. PROCUREMENT (34 CFR 80.36)** |
| 1. Are policies and procedures in place to assure adequate equipment and supplies are provided to vendors? (395.3(a)(5)) | YES | NO | NA |
|  |  |  |
| 2. Does the SLA have its own written procurement procedures, or does it follow written state procurement procedures? Describe below. | YES | NO | NA |
|  |  |  |
|  |  |  |  |
| 3. Do the policies/procedures give adequate consideration to:  | YES | NO | NA |
| a. Cost |  |  |  |
| b. Quality |  |  |  |
| c. Delivery |  |  |  |
| d. Competitive bidding |  |  |  |
| e. Federal prior approval requirement (or state procedures) |  |  |  |
| f. Follow-up on unfilled orders |  |  |  |
| g. Inspection and acceptance |  |  |  |
| 4. What unit(s) within the SLA is responsible for purchasing equipment and supplies, equipment repairs, and refurbishment materials? |
|  |
| 5. Who contracts with vending machine firms? What is the process? |
|  |
| 6. Do the policies, procedures, and controls contain the following functional elements? (consider possible weakness for potential fraud, waste, and abuse) | YES | NO | NA |
| a. Formal purchase order system |  |  |  |
| b. Bids obtained |  |  |  |
| c. Internal requisition for purchase order |  |  |  |
| d. Approval of requisition |  |  |  |
| e. Preparation of purchase order |  |  |  |
| f. Approval of purchase order |  |  |  |
| g. Delivery of goods/services verified by item against purchase order re:  |
| i. quantity |  |  |  |
| ii. unit cost |  |  |  |
| iii. total cost |  |  |  |
| iv. documentation of reason for difference |  |  |  |
| v. certification of receiving support |  |  |  |
| h. Verification of invoice against purchase order |  |  |  |
| i. Approval of invoice for payment (being sure purchase order, receiving reports, etc. have been properly approved and discounts taken) |  |  |  |
| j. Payment of invoice and check issuance |  |  |  |
| k. Invoice stamped paid |  |  |  |
| l. File maintained on each purchase order containing requisition, purchase order, receiving report, and approved invoice stamped paid |  |  |  |
| m. Requirement to forward documentation to accountant/ bookkeeper? |  |  |  |
| 7. Is the basis for award of large purchases, contracts, and non-competitive purchases supported by written justification? | YES | NO | NA |
|  |  |  |
| 8. Are requisitions, purchase orders, and receiving slips pre-numbered and safeguarded? | YES | NO | NA |
|  |  |  |
| 9. What procurement contracts or agreements exist (repairs, maintenance, goods, services, etc.)? |
|  |

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| **U. PROPERTY MANAGEMENT (34 CFR 80.32, and 33))** |
| 1. Does the organization have an adequate inventory control system for initial stocks and supplies as demonstrated by: | YES | NO | NA |
| a. A general ledger control account? |  |  |  |
| b. Do the property records: (34 CFR 80.32(d)) |  |  |  |
| i. give a description of the property? |  |  |  |
| ii. identify each piece of equipment by serial number or other identification number? |  |  |  |
| iii. acquisition date and cost? |  |  |  |
| iv. source of the property (vendor’s name, invoice #)?  |  |  |  |
| v. percentage of federal funds used in acquisiti0on of property? |  |  |  |
| vi. location, use and condition of property? |  |  |  |
| 2. Are the property records adjusted for sale or disposal of equipment? (should include the sale price of method used to determine current fair market value if federal government is reimbursed for federal share) *(34 CFR 80.32(e))* | YES | NO | NA |
|  |  |  |
| 3. Is equipment tagged or otherwise marked to identity it as organizational property? | YES | NO | NA |
|  |  |  |
| 4. Is the equipment purchased with federal funds separately identified? | YES | NO | NA |
|  |  |  |
| 5. Have physical inventory counts been taken at least once every two years and the results reconciled with the property records? (attach a copy of the first page of the inventory count) *(34 CFR 80.32(d)(2))* | YES | NO | NA |
|  |  |  |
| 6. When was the last physical inventory taken? |  / / |
| 7. Are periodic test checks made of the inventory control system? | YES | NO | NA |
|  |  |  |
| 8. Are adjustments made to inventory accounts only on written authority of designated official? | YES | NO | NA |
|  |  |  |
| a. Title of official:  |  |
| 9. Is the equipment purchased with federal funds insured? (allowable for inclusion in indirect cost)  | YES | NO | NA |
|  |  |  |
| 10. Have depreciation or use charges been charged on any portion of the equipment whose cost was borne by the federal government? | YES | NO | NA |
|  |  |  |
| 11. Does the security appear to be adequate to prevent loss, damage, or theft of property? (note whether equipment is tagged, readily identifiable and if office is locked or attended during periods of absence*) (34 CFR 80.32(d)(3))* | YES | NO | NA |
|  |  |  |
| 12. Is the SLA aware of the accountability requirements with respect to property acquired with federal funds? | YES | NO | NA |
|  |  |  |
| 13. Has any equipment purchased with federal funds been traded in on new equipment and/or sold and the proceeds applied to the acquisition cost of new equipment?  | YES | NO | NA |
|  |  |  |
| a. If so, was the transaction entered into the accounting records? *(34 CFR 80.32(c)(4))* | YES | NO | NA |
|  |  |  |
| 14. If title to equipment resided in the vendor, refer to 34 CFR 395.6 to assure adequate policies and procedures are in place. |
|  |
| V. AUDITS |
| 1. Review the most recent audit of the SLA. Have there been any audit findings? If so, please discuss findings and corrective actions.. |
|  |
| 2. Who is responsible for follow-up and corrective actions? |
|  |
| 3. Review relevant audit policies and procedures. Are they current or in need of revision? |
|  |
|  |
| NOTES: |
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| **BEP FILE REVIEW UTILIZING RSA REVIEW GUIDE**  |  |  |  |
| **SECTION G: VENDOR/PERSONNEL FILE** |  |  |  |
| Date Reviewed:  |  |  |  |
| Reviewer:  |  |  |  |
| Manager/Operator:  |  |  |  |
| Operator I.D. #:  |  |  |  |
| SSN or EIN #: |  |  |  |
| BIN #: |  |  |  |
| Unit #:  |  |  |  |
| Location:  |  |  |  |
| Name of Business:  |  |  |  |
| Type of Unit:  |  |  |  |
| Agreement #:  |  |  |  |
|  |  |  |  |
| **Does vendor hard copy file include documentation of the following:**  | **Yes/No/Date** | **Comments** | **Follow Up** |
|  |  |  |  |
| **A) Vendor eligibility for the program (34 CRF 395.2(a))** |  |  |  |
| **i. Documentation of Blindness from licensed doc?** |  |  |  |
| **ii. Has U.S. citizenship been established and documented?** | Y | Documented in VR file |  |
| **iii. Is there State certification of capability to operate a vending facility?** ***(B.E. Program License)*** |  |  |  |
|  |  |  |  |
| **B) Copy of vendor license(s) *and Health Report:*** |  |  |  |
| ***i. Copy of business registration confirmation w/Secretary of State***  |  |  |  |
| ***Expiration Date?(***must be renewed every 2 years) |  |  |  |
|  |  |  |  |
| ***ii. Copy of all appropriate Health Department Licenses (****mobile cart; commissary: restaurant; warehouse license(s), facility, (etc)* |  |  |  |
| ***Expiration Date(s)?*** |  |  |  |
|  |  |  |  |
| ***P.2 Vendor File*** |  |  |  |
|  |  |  |  |
| ***iii.Copy of Municipal Licenses if applicable***  |  |  |  |
|  ***Expiration Date(s)?*** |  |  |  |
| ***iv. Current Health Inspector Report, Recommendations & Rating #*** |  |  |  |
|  |  |  |  |
| **C) Training provided (34 CFR 395.11) (OJT, upward mobility training, retaining, etc)** |  |  |  |
|  |  |  |  |
| **D) Transfer and promotion documentation?** |  |  |  |
|  |  |  |  |
| **E) Current Vendor agreement (*Operating Agreement*)** |  |  |  |
| ***i. Current Operating Agreement signed by Administrator, B.E. Director, and Vendor?*** |  |  |  |
| ***ii. What is the agreement's expiration date?*** |  |  |  |
| ***iii. Is there a Current Temporary Operating Agreement signed by B.E. Director and Vendor in the file?*** |  |  |  |
| ***iv. What is the expiration date of the Temporary Agreement?*** |  |  |  |
|  |  |  |  |
| **F) Equipment list and inventory have been furnished to a vendor upon assignment to a new location (and in appropriate medium)?**  |  |  |  |
|  |  |  |  |
| **G) Provision/receipt of written (or appropriate medium) policies and procedures for administrative review, full evidentiary hearing and arbitration (34 CFR 395.13)?**  |  | see operating agreement |  |
|  |  |  |  |
| **H) Provision/receipt of written (or appropriate medium) manual of program rules and regulations?** |  | see operating agreement |  |
|  |  |  |  |
|  |  |  |  |
| **P.3 Vendor File** |  |  |  |
|  |  |  |  |
| **I) Periodic evaluation of vendor performances and progress in training and participation in VFP (evaluation, exams, etc)?** |  |  |  |
| *To include: date and name of person(s) doing the evaluation; condition of equipment; condition of facility; status of current business practices; set aside status; follow up plan with specific agreed upon goals and timeframes for completion, etc* |  |  |  |
| ***i. Annual Review?*** |  |  |  |
| ***ii. Quarterly reports (additional as needed)?*** |  |  |  |
| ***iii. Pertinent e-mails cc'd into file?*** |  |  |  |
|  |  |  |  |
| **J) Probationary actions, license suspensions or terminations, complaints etc?** |  |  |  |
|  |  |  |  |
| **K) Extended leave, resignation or retirement?** |  |  |  |
|  |  |  |  |
| **L) Signed release of information (if applicable)?** |  |  |  |
|  |  |  |  |
| ***M) Documentation of current Liability Insurance with date of expiration?*** |  |  |  |
|  |  |  |  |
| ***N) Documentation of current Workers' Comp Insurance with date of expiration?*** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **B.E. FILE REVIEW UTILIZING RSA REVIEW GUIDE** |  |  |  |
| **SECTION M: FACILITY FILE** |  |  |  |
| Date Reviewed:  |  |  |  |
| Reviewer:  |  |  |  |
| Unit #:  |  |  |  |
| Location:  |  |  |  |
| Type of Unit:  |  |  |  |
| Contract #: |  |  |  |
| Current Manager:  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Does the hard copy file include documentation of the following:** | **Yes/No/Date** | **Comments** | **Follow Up** |
| **1) Is a copy of the current contract/agreement and permit on file?** |  |  |  |
| *(this may be called "contract" w/ DAS or ODOT; "Interagency Agreement" w/ City or County; or"Permit/License" with Federal Government* |  |  |  |
| ***a) Signed by Administrator and Facility Manager*** |  |  |  |
| ***b) What is the date contract was entered into*** |  |  |  |
|  |  |  |  |
| **2) Has the vendor received a copy of these documents in accessible format?** |  |  |  |
|  |  |  |  |
| **3) Are all purchase orders issued for the unit filed?** |  |  |  |
|  **Are invoices attached or able to be tracked?** |  |  |  |
|  |  |  |  |
| **4) Are all monthly profit and loss statements filed (may be elsewhere)?**  |  | See B.E. Accountant for these records |  |
|  |  |  |  |
|  |  |  |  |
| **P.2 Facility File** |  |  |  |
|  |  |  |  |
| **5) Are regular inspection reports from VFP staff on file?** |  |  |  |
|  |  |  |  |
| **6) Are all complaints or recommendations concerning management of the facility filed with documented responses *to include*:** |  |  |  |
| ***Date and first & last name of person(s) filing complaint?*** |  |  |  |
| ***Date & first & last name of person(s) responding to complaint?*** |  |  |  |
|  |  |  |  |
| **7) Is a copy of the opening inventory and opening statement included in the file?** |  |  |  |
|  |  |  |  |
| **8) If records are not maintained by individual facility, are records pertaining to individual facilities easily identified?**  |  | Records are maintained in individual facility file |  |