

Division of Rehabilitation Services

Quality Assurance Review Instrument

Review Team Instructions

Note: This form is for reference purposes only and is not fillable.

To use a training version of this instrument on-line go to:

[Quality Assurance Unit Review Training Version](#)

Overview:

- This review instrument contains 60 questions on a total of 30 pages, which are navigated using the "Previous" and "Next" buttons at the bottom of each page.
- Questions are asked in this case review instrument to measure both quality and compliance
- Certain questions are asked depending on the case status (Service, Closed-Other, Closed-Rehab)
- Responses are required to all questions asked

Citations and Notes:

- For most questions, links to policy citations and/or other notes are provided to assist reviewers to select an appropriate response.

Quality Measures:

- Contain several sub-questions and an anchor question appearing together on the same page.
- The sub-questions address specific considerations. Response options include "True," "False," or "N/A" (Not Applicable).
- The anchor question summarizes the sub-questions. Response options include "P" (Present/True), "PP" (Partially Present/Partially True), "NP" (Not Present/False), and, where appropriate, "N/A" (Not Applicable).
- All sub-questions must equal "True" or "N/A" to achieve a "P" (Present) for the anchor question.

Compliance Measures:

- Address one question at a time.
- Response options include "P" (Present/True), "PP" (Partially Present/Partially True), "NP" (Not Present/False), and, where appropriate, "N/A" (Not Applicable).

Comments Boxes:

- When selecting "PP" or "NP," enter a brief explanation. (Enter other general observations in the Wrap-Up comments section).

Inter-rater Reliability Confirmation:

- Each case will be reviewed by two reviewers. When both reviews have been completed for a specific case, the unit review team leader will run a response comparison report for that case to identify any questions where the responses differed. The reviewers will discuss these questions and, when an agreement is reached, the unit review leader will edit the responses, as needed, to reflect consensus.

Wrap-Up Question: "Are you ready to submit your review?"

- This is the last question in the review instrument and the reviewer's last opportunity before completing the review to use the "Previous" button or to enter additional comments regarding the case reviewed.

Quality Assurance Review Instrument

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Case Review Information

1. Enter Reviewer Name*

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Beneda Jackson | <input type="checkbox"/> Eric Schmidt | <input type="checkbox"/> Kunirum Osia |
| <input type="checkbox"/> Catherine Drake | <input type="checkbox"/> Jody Boone | <input type="checkbox"/> Megan Glaze-Keller |
| <input type="checkbox"/> Derick Serra | <input type="checkbox"/> John Stem | <input type="checkbox"/> Michelle Stewart |

2. Enter District*

- | | | |
|--|---|---|
| <input type="checkbox"/> District 81 | <input type="checkbox"/> District 25 (Tri-County) | <input type="checkbox"/> District 52 (Eastern Baltimore County) |
| <input type="checkbox"/> District 82 | <input type="checkbox"/> District 30 (Baltimore City) | <input type="checkbox"/> District 53 (Columbia) |
| <input type="checkbox"/> District 83 | <input type="checkbox"/> District 35 (Baltimore City) | <input type="checkbox"/> District 54 (Owings Mills) |
| <input type="checkbox"/> District 10 (Hagerstown) | <input type="checkbox"/> District 36 (Baltimore City) | <input type="checkbox"/> District 61 (Lanham) |
| <input type="checkbox"/> District 12 (Cumberland) | <input type="checkbox"/> District 37 (Baltimore City) | <input type="checkbox"/> District 62 (Oxon Hill) |
| <input type="checkbox"/> District 13 (Frederick) | <input type="checkbox"/> District 41 (Salisbury) | <input type="checkbox"/> District 63 (Wheaton) |
| <input type="checkbox"/> District 15 (Westminster) | <input type="checkbox"/> District 42 (Elkton/Easton) | <input type="checkbox"/> District 64 (Germantown) |
| <input type="checkbox"/> District 23 (Glen Burnie) | <input type="checkbox"/> District 50 (Bel Air) | |
| <input type="checkbox"/> District 24 (Annapolis) | <input type="checkbox"/> District 51 (Towson) | |

3. Enter Caseload Number*

NOTE: Begin caseload number with "VR" (e.g. VR5221). The caseload number appears in the "Caseload Assignment" column in the Participant Module Case Search results for most layouts, including Statewide Search. This instrument will NOT accept a caseload number that has not first been pre-loaded for validation. If a caseload is found missing during the review, notify the review team leader.

4. Enter Participant ID*

5. Enter the case status.*

Note: If case is in PES or Closed-PES, select "Closed-Rehab."

- Service Employed Closed-Rehab Closed-Other
-

Referral to Application

6. Timeframes were met for contacting consumer and providing required information within 10 days of receipt of referral.*

- See policy ([RSM 2, Section 402](#)).
- Required information includes: Application, Health Status, Opening Doors to Employment Brochure.

- If a copy of the date stamped referral is not in the hard copy file, then use the AWARE referral date when responding to this question.
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

7. Within 30 days of referral or receipt of Application, the initial interview with assigned counselor occurred and was documented in a case note. If meeting did not occur within 30 days of referral, there is documentation in file to explain the delay, such as multiple attempts to contact consumer, referral source, or emergency contact.*

- See policy ([RSM 2, Section 404.b and c](#))
- See policy ([RSM 2, Section 404.02](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

8. All required application documents were fully completed, signed, and dated as of the initial interview with the assigned counselor (i.e. Application, Health Status, Voter Registration, and, effective 11/2011, the Professional Disclosure).*

- See policy ([RSM 2, Section 406](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Initial Interview

ALL SUB-QUESTIONS MUST = **TRUE** or **N/A** TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

9. Initial Interview Considerations:*

- NOTE: Initial Interview/Application Checklist, signed by consumer, is an acceptable document.
- See Policy ([RSM 2, Section 406](#))

	True	False	N/A
a. Emphasis on employment [RSM 2, Section 406.02]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Financial need and Financial Statement were explained and provided to consumer for completion [RSM 2, Section 406.08]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	True	False	N/A
c. Requests for Confidential Information were completed, signed, and processed in a timely manner [RSM 2, Section 406.06 & 406.10]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Full explanation of eligibility, order of selection, waiting list, and presumption of eligibility [RSM 2, Section 406.7, 406.11, 406.12] (Note: Initial Interview Checklist or case note required to document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Concept of Informed Choice was conveyed to consumer [RSM 2, Section 406.04] (Note: Professional Disclosure or case note required to document).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Consumer was notified of appeal process, rights and remedies available, and CAP process [RSM 2, Section 406.05] (Note: Professional Disclosure, signed application, or case note required to document).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If consumer receives SSI/SSDI, ticket to work and benefits counseling were discussed (Eff. 1/2011) [RSM 2, Section 406.12, Section 406.15a and b]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Job readiness and/or steps consumer can take to improve job readiness were discussed. If OBVS case, blindness skills training was discussed. (Note: If consumer is already employed, mark as N/A) [see Counselor Toolkit; Job Ready Checklist (RS-8b)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Special needs identified on the application were addressed (e.g. limited English skills, interpreter needs, and applicant's preferred communication method) [RSM 2, Section 404.02e]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Plans for next steps clearly documented. [RSM 2, Section 400; Counselor Toolkit; Initial Interview/Application Checklist]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Comprehensive initial interview was conducted with assigned counselor or supervisor and clearly documented in an AWARE case note.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Application to Eligibility

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

11. Documentation of Disability & Functional Limitations Considerations*

- See Policy ([RSM 2, Section 501](#))

	True	False	N/A
a. Current documentation of disability available to be requested was utilized to the fullest extent possible to assess VR needs for determination of eligibility and/or disability priority [RSM 2, Section 501.02a]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Purchase of additional assessments used to determine eligibility and/or disability priority were appropriate and did not cause unnecessary delay in eligibility determination or service provision. [RSM 2, Section 501.02b]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Documentation of disabling conditions and functional limitations is effectively utilized to determine eligibility.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Eligibility

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

13. Eligibility Considerations:*

- Eligibility Criteria: See Policy ([RSM 2, Section 501.01a](#))
- Severity & Priority: See Policy ([RSM 2, Section 503](#))

	True	False	N/A
a. The applicant has a physical or mental impairment, consistent with impairments listed in RSM 2, Attachment 400-3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The applicant's physical or mental impairment constitutes or results in a substantial impediment to employment for the applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The applicant requires vocational rehabilitation services to prepare for, secure, retain or regain employment consistent with the applicant's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eligibility was determined or an Eligibility Extension was agreed upon within 60-days from the date that the completed and signed application was received by the DORS office. [RSM 2, Section 501.07]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	True	False	N/A
e. Eligibility and Disability Priority decision were reviewed and approved by supervisor or designee, as indicated by supervisory case note, on or before Eligibility date in AWARE. [RSM 2, Section 503.02f; Section 503.04; Section 501.07; Section 501.09]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. At the time of eligibility determination, the Eligibility Determination Certificate was printed and signed by counselor and Eligibility Determination letter was created. [RSM 2, Section 501.09b and c]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Eligibility was accurately determined, timely, and required documentation in place.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Eligibility Extensions

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

15. Eligibility Extension Considerations:*

- See Policy ([RSM 2, Section 502](#))
- Note: If there is a discrepancy between the application date in AWARE and the date on the signed application in the hard copy record, then refer to the hard copy application date when responding to these questions.

	True	False	N/A
a. If Eligibility Determination Extension was utilized, it was offered after 45 days from date of Application [RSM 2, Section 502.01]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If Eligibility Determination Extension was utilized, the circumstances justifying the extension were beyond the Agency's control [RSM 2, Section 502a]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Extended Evaluation was not utilized in order to avoid the 60-day eligibility time limit (i.e. There is evidence that the eligibility determination was attempted with 60 days of the date of Application) [RSM 2, Section 502.03]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	True	False	N/A
d. If Trial Work or Extended Evaluation Plan was implemented, use was appropriate based on severity of disability, AND consumer status was moved to Eligible or Closed as soon as feasibility was determined [RSM 2, Section 502.02 and Section 502.03]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Case notes document agreement to extend eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. If an Eligibility Extension (i.e. Extended Evaluation, Eligibility Determination Extension, Trial Work) was agreed to, it was utilized properly [RSM 2, Section 502 and Section 502.03]*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Disability Priority

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

17. Disability Priority Considerations:*

- See Policy ([RSM 2, Section 503](#))

	True	False	N/A
a. List of functional capacities seriously affected and how [RSM 2, Section 503.01]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual required multiple VR services over an extended period of time [RSM 2, Section 503.01.7c]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If consumer was presumed eligible for disability priority Category II (Significantly Disabled) and there is NOT sufficient documentation, counselor pursued additional documentation to determine if move to Category I (Most Significant Disability) is warranted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Disability priority (Order of Selection) was accurately determined and supported by documentation.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Social Security Presumption of Eligibility

19. If consumer receives SSI/SSDI, presumption of eligibility was verified and completed in AWARE within 7 days of when the completed and signed application was received by the DORS office.*

- See Policy ([RSM 2, Section 501.01c](#))
- See Counselor Toolkit: [Presumption of Eligibility Guide for SSI/SSDI Recipients](#)
- If a Trial Work Plan or Extended Evaluation Plan was appropriate and prepared within seven days, then select "N/A."
- Appropriate income verification documentation may include Ticket to Work, SSI or SSDI award letter, SVES verification/SS query.
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

DDA/MHA Presumption of Eligibility

20. Within 7 days of receipt of written verification of MHA or DDA long-term funding, consumer was either presumed eligible for or moved into disability priority Category I (Most Significantly Disabled).*

- See Policy ([RSM 2, Section 501.01d](#))
- Note: If file does not contain written verification of long-term funding, then select "N/A."
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Assessment for Determining VR Needs

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

21. Assessment for VR Needs Considerations:*

- See Policy ([RSM 2, Section 602](#))

	True	False	N/A
a. Case note includes an analysis of the consumer's functional limitations and capacities that affect employment opportunities, such as pertinent medical, psychiatric, psychological, or neuropsychological information; cultural, social, or environmental factors; personality and interpersonal skills; educational achievement, and career interests [RSM 2, Section 602.01 c-f]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Case note documents the assessment activities were initiated consistent with the consumer's informed choice and appropriate to identify capabilities, interests, rehabilitation needs, goals, and services [RSM 2, Section 602.02b-m]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Case notes include information that addresses the consumer's view of their assets, strengths, priorities, capabilities, preferred activities and interests [RSM 2, Section 602.02a]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Case note indicates barriers to employment (e.g. homelessness, lack of childcare, lack of transportation, alien status, or criminal record) were discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Case notes indicate vocational aptitude, work tolerance, previous work experience, and transferrable skills were discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Case notes indicate the consumer was provided information necessary to make an informed choice regarding their employment goal, services and service providers, and supported employment options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. The record of services includes an Assessment of VR Needs case note or other case notes that supports the employment goal and nature and scope of services to be included in the IPE.*

- See Policy ([RSM 2, Section 602.04](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Individualized Plan for Employment

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

23. Plan Development Considerations:*

- See Policy ([RSM 2, Section 604.03](#))
- See Policy ([RSM 2, Section 604.04](#))
- See Counselor Toolkit: [IPE Development Guide](#)

	True	False	N/A
a. Consumer was an active participant in choosing employment goal, services, and service providers, as documented by case note(s). [RSM 2, Section 604.03a and b]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is evidence that the consumer would be successful in the chosen vocational goal (e.g. comprehensive assessment of VR needs, school records, labor market analysis, career assessment, homemaker checklist) [RSM 2, Section 604.02a]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All services on the plan are needed to achieve the employment goal and are supported by documentation and the assessment for determination of VR needs (e.g. Post-Secondary) [RSM 2, Section 604.05; Section 604.09]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Functional limitations that could impact employment outcome were addressed by services in the plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Comparable benefits were considered and documented on the plan (e.g. PELL Grant, family contribution, Medicaid).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Service costs were estimated appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. All required signatures, including the consumer, were on the hard copy plan on or prior to signature/start date in AWARE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. The initial IPE was developed jointly with the consumer, provides adequate detail regarding service costs and delivery, and is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice*

- See Policy ([RSM 2, Section 604.03](#))
- See Policy ([RSM 2, Section 604.04](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

IPE Development Timing

25. IPE developed within appropriate time frame.*

- See policy ([RSM 2, Section 604.02d](#))
- Within 120 days from eligibility or the date off-delayed OR
- Prior to graduation for a transitioning youth who can be served under Order of Selection OR
- An IPE extension was completed per policy and plan completed within extended timeframe.
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

26. For supported employment plans, evidence of long-term funding availability was documented prior to IPE initiation.*

- MHA: See Policy ([RSM 2, Section 804.01b and c](#))
- DDA: See Policy ([RSM 2, Section 804.03e](#))
- ABI: See Policy ([RSM 2, Section 804.04](#))
- Note: Please select "N/A" if supported employment was available after initiation of IPE.
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Not Present (NP) N/A

Comments:

IPE Amendments

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

27. IPE Amendment Considerations:*

- See Policy ([RSM 2, Section 604.13](#))
- Note: If supported employment becomes available after plan initiation, a plan amendment should be completed.

	True	False	N/A
a. IPE was promptly updated, as needed, due to change in employment goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. IPE was promptly updated, as needed, due to change in services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is documentation of rationale for employment goal change and services needed to achieve that goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Amended IPE was signed by all parties, including consumer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. IPE amendments were completed appropriately.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Annual Reviews

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

29. Annual Review Considerations:*

- See Policy ([RSM 2, Section 604.12](#))

	True	False	N/A
a. Progress toward meeting the identified employment outcome on the IPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual's financial status reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Status and continued use of goods which may have been provided by DORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. An Annual Review was completed on an annual basis.*

- Note: Annual review must be completed within 12 months of the initial IPE, the most recent annual review, or the most recent plan.
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

IPE Service Provision

31. Services were initiated consistent with timeframes on the plan, or reasons for delays were discussed with consumer.*

- No Citation (Best Practice)
- Note: Look for consistency between authorization dates and progress reports to verify service delivery timelines.
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

32. Goods and services identified on the IPE were provided to the consumer, as appropriate, to date.*

- No Citation (Best Practice)
- Note: Do not include vocational guidance and counseling services, considered later in the review.
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

33. All goods and services provided to date to the consumer were identified on the IPE as required by policy.*

- See Policy ([RSM 2, Section 604.13](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Not Present (NP) N/A

Comments:

34. When consumer is receiving services from WTC and/or CRP, ongoing communication between counselor and WTC/CRP staff is evident.*

- No Citation (Best Practice)
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Vocational Guidance and Counseling

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

35. Vocational Guidance and Counseling Considerations:*

- See Policy ([RSM 2, Section 604.05](#))

	True	False	N/A
a. Guidance and counseling was sufficient to keep consumer engaged and to address rehabilitation concerns as they arose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vocational guidance and counseling addresses issues such as vocational exploration, career decision making, establishment of a career path including short and long term goals, self-advocacy in the work place, development of problem-solving skills, and use of community resources related to employment using an "informed consumer choices" model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. The case record documents ongoing vocational guidance and counseling.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Service-J (Job Ready)

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

37. Job Ready Considerations:*

- See [Job Ready Checklist \(RS-8b\)](#)

	True	False	N/A
a. Consumer was placed in Service-J status prior to initiation of job development services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reasonable accommodations were addressed, as appropriate, and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Counselor was actively involved in job search activities, as documented (e.g. attended monthly meeting with CRP, provided resume' development, and/or provided job search assistance).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Counselor maintained contact with the individual on a regular basis throughout job development phase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Job Ready Checklist is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Service-J status (Job Ready) was used appropriately.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Special Programs

39. The appropriate Special Programs indicators are checked.*

- No Citation (Best Practice)
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Page entry logic: This page will show when: Question #5 contains any ("Closed-Rehab")

Closed-Rehabilitated

40. The provision of substantial services described in the IPE contributed to the achievement of the specific employment outcome.*

- See Policy ([RSM 2, Section 1001.11a1](#))
- "Substantial services" refer to the provision of major services as outlined in the IPE. "Contributed to the achievement of the specific employment outcome" refers to having a measurable, positive impact on the employment outcome.
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

41. The individual achieved and maintained for at least 90 days an employment outcome that is consistent with the individual's signed IPE or IPE amendment and it is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.*

- See Policy ([RSM 2, Section 1001.11a2](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

42. Documentation is contained in AWARE to indicate that counselor spoke to consumer to ensure case closure is agreeable and that, if employed, the individual is performing well on the job.*

- Note: See Closure Page, Section 4 or Case Note for documentation of Participant's views.
- See Policy ([RSM 2, Section 1001.11a5](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

43. The appropriate closed-rehab "Service Closure" letter is contained in the consumer's AWARE record.*

- See Closure Letter Options
- Note: Select "PP" if closure letter is contained in **AWARE**; however, the letter type was inappropriate (e.g. plan type was not appropriate for the case).
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

44. The VR Supervisor Successful Closure Checklist (RS-9q), completed accurately and signed, on file to document supervisory review prior to successful case closure.*

- See Policy ([RSM 2, Section 1001.11c](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Page entry logic: This page will show when: Question #5 contains any ("Closed-Rehab")

Wages Documented

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

45. Documentation of wages considerations:*

- See Policy ([RSM 2, Section 1001.11e1](#))

	True	False	N/A
a. One of the following documents is the hard case file or attached in AWARE: Pay stub; wage check; email from consumer stating wage; documentation from service provider that indicates verification was obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If a competitive closure, there is verification in AWARE that the individual is compensated at or above minimum wage in an integrated setting and the wage and level of benefits are not less than customarily paid for the same work performed by non-disabled employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If consumer is self-employed or earns an income as an independent contractor, the file contains verification of income in one of the following formats: most recent year's income tax return with Schedule C, income statement, and/or Independent Contractor agreement/contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. The case record contains required documentation of salary/wages.*

- N/A for Homemaker or Unpaid Family Worker closures.
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Page entry logic: This page will show when: Question #5 contains any ("Closed-Other")

Closure-Unsuccessful

47. The appropriate closed-other "Service Closure" letter is contained in the consumer's AWARE record.*

- See Policy ([RSM 2, Section 1001.08](#), [Section 1001.09](#), and [Section 1001.10](#))
- See Closure Letter Options
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

48. There is documentation in AWARE that at least two attempts were made to contact the consumer, when appropriate.*

- See Policy ([RSM 2, Section 1001.09](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Page entry logic: This page will show when: Question #5 contains any ("Closed-Rehab")

Post-Employment

49. When Post-Employment services were provided, there was a signed PES Plan on file.*

- See Policy ([RSM 2, Section 1104](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

50. When Post-Employment services were provided, the services were limited in scope and duration.*

- See Policy ([RSM 2, Section 1101](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Financial Statement

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

51. Financial Statement Considerations:*

- See Policy (RSM 3, Section 1406)
- See Current Financial Participation Schedule

	True	False	N/A
a. SSI and/or SSDI Award Letter or verification was attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. TANF documentation was attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Copy of prior year personal income tax return was attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pay stubs were attached or in file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Financial Statement was completed, signed, and dated by consumer prior to IPE start date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Financial Statement was certified, signed, and dated by counselor prior to IPE start date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. Prior to IPE start date, the Financial Statement (RS-5d) was completed, signed and dated by consumer; certified, signed and dated by the VR counselor; and appropriate documentation of income was in file.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP)

Comments:

Financial Participation

53. The required financial contribution, if any, was appropriately applied to date.*

- Note: If no financial contribution is required, select "N/A"
- See Policy ([RSM 3, Section 1406](#))
- See Policy ([RSM 3, Section 1407](#))
- See Policy ([RSM 3, Section 1408](#))
- See [Current Financial Participation Schedule \(RSM 3, Attachment 1400-2\)](#)

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

54. The Financial Statement was updated when there was substantial change in income, and relevant documentation was obtained, as appropriate.*

- See Policy ([RSM 3, Section 1409](#))
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Authorizations

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

55. Authorization Considerations:*

- **Note: Do not consider cancelled or void authorizations.**
- Excluded Services: See Policy ([RSM 2, Section 1603.02](#))
- Comparable Pricing: See Policy ([RSM 3, Section 1009.02](#))
- Competitive Bidding: See Policy ([RSM 3, Section 1009.03](#))
- Administrative Approval: See Policy ([RSM 3, Section 1006a](#)) and See Policy ([RSM 3, Section 1005](#)) and [Desk Reference](#)
- Petty Cash: See Policy ([RSM 3, Section 1010](#))
- Purchase Pre-Approval: See Policy ([RSM 3, Section 1001](#))
- Invoice Payment: See Policy ([RSM 3, Section 1208.01f](#))

	True	False	N/A
a. There were no authorizations for excluded services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Comparable pricing for goods that cost more than \$500, but less than \$5,000 is evidenced in the case record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bid process was used as appropriate for goods >\$5,000 (Bid process not required when in a fee schedule or on contract; substantial contribution by the individual; sole source purchase; or for Medicare co-pay).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Administration Approvals (RS-9h) were completed at the required level for goods and services requiring administrative approval prior to IPE approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	True	False	N/A
e. When Petty Cash was utilized, prior Administrative Approval was obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If authorizations were issued to pay for services previously rendered, case note documentation adequately justifies why the Agency is paying for the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hard copy record contains date stamped and approved invoices for random sample of paid vendor authorizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Authorizations were approved and issued by appropriate personnel prior to service provision and appropriate invoice documentation on file for payments reviewed.*

- Note: If all responses, including to "f," are "True" above, then enter "Present" (P).
- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Recurring Authorizations

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

57. M and T Considerations:*

- See Policy ([RSM 3, Section 1012](#))
- **Note: Do not consider cancelled or void authorizations.**

	True	False	N/A
a. Met M & T definition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. RS3d was completed and signed, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Counselor monitored receipt and appropriate use of funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Funds that were issued and NOT used as appropriate were deducted from future payments or paid back through the DORS reimbursement process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. M and T requirements were met.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Receipt of Appliance

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

59. Receipt of Appliance Considerations:*

- See Policy ([RSM 3, Section 1013](#))
- Note: Regarding "e" below, it is a best practice to obtain a Receipt of Appliance for ALL goods. However, a Receipt of Appliance is only required for text books when purchased with an agency credit card.

	True	False	N/A
a. Title was assigned to consumer only as appropriate, including non-transferrable medical goods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Administrative Approval for "Title Assigned to Individual" was obtained, as appropriate, for goods costing over \$500.00 (other than clothing for employment) [RSM 3, Section 1013.01] (Note: This includes medical equipment/devices and goods related to self-employment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Warranty/repair information was discussed/addressed (e.g. hearing aids, assistive technology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sales receipts for ALL goods purchased are in the consumer's hard case file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Receipt of Appliance was signed and dated by consumer and DORS staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Receipt of Appliance, with an attached register receipt, was completed accurately for all goods received by the consumer.*

- Comment requested if response is "Partially Present" (PP) or "Not Present" (NP).

Present (P) Partially Present (PP) Not Present (NP) N/A

Comments:

Wrap-Up Question

61. Are you ready to submit your review?*

- Note: This is your final opportunity to review your responses prior to submission.

- Optional: In the Comments field below, you may enter any general remarks regarding this case that you wish to be recorded

Yes No

Comments:

Thank You!

Thank you for completing this review. Have another case to review? Begin here.

Email action: Email Completed Record Review

To: QA Review Team Technical Lead (jboone@dors.state.md.us, jstem@dors.state.md.us)

From: SurveyGizmo (notifications@sgizmo.com)

Subject: Record Review Completed During QA Unit Review
