




Title:	Programmatic Case Reviews
Policy #:	30-QA-01
Legal Reference:	ORC 3304.15; 34 CFR §361.29(c)(4)(iii); 34 CFR §361.39
Date:	October 1, 2014
Approved:	Kevin L. Miller, Executive Director 
Origin:	Division of Performance and Innovation, Program Integrity & Evaluation
Supersedes:	30-QA-01 (1/15/12)
History:	70-QA-10 (12/13/10); VRP-1700 (9/15/08, 2/2/06); any policy, Internal memos (CW, MT), regarding case reviews that predate the effective date of this policy
Review date:	Annually on or before October 1 st

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code (ORC) §3304.15 which establishes the power and authority of the Opportunities for Ohioans with Disabilities (OOD) and its executive director to develop all necessary rules and policy in furtherance of its statutory duties.

II. PURPOSE

The purpose of this policy is to provide guidelines for completing programmatic case reviews of vocational rehabilitation (VR) services and services for Independent Living Older Blind (ILOB) in accordance with appropriate federal (e.g. Code of Federal Regulations [CFR]) and state law (i.e. Ohio Revised Code, Ohio Administrative Code), governor directives and executive orders, other governing agency (e.g. DAS, OBM) policy or guidance, and/or executive director expectations.

III. APPLICABILITY

This policy applies to all Program Integrity and Evaluation (PIE) staff, VR Contracts Unit staff, VR staff, and VR contractors.

IV. DEFINITIONS

AWARE (Accessible Web-Based Activity and Reporting Environment) - an electronic VR case management system which houses an individual’s confidential information and data.

Compliance – mandatory requirements prescribed by the Ohio Revised Code, the Ohio Administrative Code, agency policy, and the Rehabilitation Services Administration (RSA) through the Rehabilitation Act of 1973 and its subsequent amendments as outlined in the Code of Federal Regulations. Per RSA standards, deviations below a 90% rating are considered non-compliant for reporting purposes, although some items may inherently require 100% compliance due to the impact it may have on an eligible individual.

Coordinator – an individual who works for a contractor or subcontractor and who provides case management activities. The case management activities performed by a coordinator shall not include the non-delegable functions of the designated state unit under 34 CFR 361.13(c).

Quality – a standard of providing the best possible Vocational Rehabilitation services to eligible individuals that includes ensuring supporting documentation of such services.

Quality Assurance System Application (VRQA) – the electronic system that stores and manages information related to case reviews and eligible individual surveys, and program monitoring.

Quality Assurance Record Retention – Case review records and subsequent reports shall be maintained for two (2) years, including the current and two previous Federal Fiscal Years (FFY).

Vocational Rehabilitation Contractors (VR Contractors) – entities or individuals that OOD has contracted with to provide specific services to VR applicants or eligible individuals.

Vocational Rehabilitation Contracts Unit (VR Contracts Unit) – OOD work unit responsible for the negotiation and management of case management activity and ILOB contracts.

Vocational Rehabilitation Staff (VR Staff) – for the purposes of this procedure, caseload assistants, counselors, and vocational rehabilitation supervisors from the Bureau of Vocational Rehabilitation and the Bureau of Services for the Visually Impaired.

V. POLICY

A. General Overview

1. OOD shall implement a self-monitoring Quality Assurance (QA) program that emphasizes the provision of training and technical assistance as well as collaboration among Vocational Rehabilitation Counselors (VRC), Vocational Rehabilitation Supervisors (VRS), managers, Rehabilitation Program Specialists (RPS), the Division of Information Technology (IT), Program Integrity and Evaluation (PIE) staff and VR Contractors to maximize quality and compliant VR case management services.

B. Similar methods shall be utilized in conducting all programmatic case reviews in order to maximize consistency.

1. Quality Assurance Case Review Tools

Tools provided in this section are to be used to evaluate case work and to provide guidance as to how the quality and compliance of casework documentation is to be consistently measured for both programmatic and performance-based purposes

- a. Dependent on the type of case being reviewed, VRS and PIE staff shall electronically complete the appropriate form (i.e. “Case Review Form for VR” [30-QA-01.A] or “Case Review Form for ILOB” [30-QA-01.D]) for each case being reviewed. Note: Hard copy case reviews shall not count toward the expectations of this policy.
 - i. Quality and compliance with state and federal law and OOD policy and procedure throughout the various stages of the VR process shall be evaluated on the appropriate case review form.
 - a) This form assesses the quality of casework in the following areas: vocational guidance & counseling; case documentation; informed choice; timeliness; and fiscal responsibility.

- b. Depending on the type of case being reviewed, the appropriate “Case Review Guide” (i.e. 30-QA-01.B or 30-QA-01.E [ILOB]) shall be utilized for reference and guidance to ensure consistency and fairness in terms of expectations for case work.

- i. For convenience, a link to the Case Review Guide is provided on the VRQA dashboard screen.

C. VR Case Reviews Conducted by Program Integrity & Evaluation (PIE) Staff

The Division of Performance and Innovation (DPI) PIE staff shall incorporate a variety of quality assurance and program evaluation methods into practice which may include, but are not limited to the following methods.

1. Random Selection of VR Cases

- a. The Division of Information Technology (IT) will generate a list for the statewide random selection of VR cases for the Quality Assurance Rehabilitation Program Specialists (QA-RPS) at the beginning of each month to ensure an accurate picture of patterns and trends.

- i. The list will contain random names from all cases statewide that are either in “Eligible” (with a Plan created), “Service”, “Employed”, “Closed-Rehabilitated”, or “Closed-Other” status as follows:

- a) Cases that have been “Closed-Other” must have at least reached the “Eligible” (with a Plan created) status in order to be pulled for the random review.
 - b) Cases opened in the Application status throughout the previous 24 months.
 - c) Cases in either of the Closed statuses will only be those cases closed within the current FFY.

- ii. The list will be stored in the VRQA with permissions for PIE staff only.

- b. The total number of random reviews to be completed by the QA-RPS shall be determined by the PIE Manager during the first month of each new FFY based upon the previous years’ total number of cases that have had a plan written. This determination is intended to meet the criteria of providing a statistically sound sampling (i.e. a minimum of a 90 percent confidence level) for VR cases that have received Service or that have been either Closed-Rehabilitated or Closed-Other.

- c. After the total number of case reviews has been determined, QA-RPS shall choose the appropriate number of cases from the QA random list as described in Section C.1.a.

- i. During the review of these cases the QA-RPS shall electronically complete the “Case Review for VR” form (30-QA-01.A).

- d. In addition to the cases reviewed from the random list, the QA-RPS may select additional cases in order to conduct more targeted case reviews for purposes such as specific program-related patterns and trends. Such selections are to be coordinated with the PIE Manager.

- e. Case reviews completed by PIE staff shall be utilized for program evaluation and identification of trends in case documentation related to service provision in accordance with the Rehabilitation Act, federal law, state law, and agency policies and procedures. Such reviews are not intended to be used for performance evaluation of VRCs, but rather

shall be used by the supervisors to provide feedback to the VR staff or VR contractor to identify office trends which may require additional exploration.

- f. All cases completed by a QA-RPS will default to the purpose of "Program Evaluation" unless the "Targeted Case Review" is checked at the top of the form.
- g. PIE staff may review cases at any time beyond the parameters described within however, the procedure associated with this policy will provide a description of how the case review process will typically proceed.

D. Completing Case Reviews

- 1. Case reviews completed by Supervisors and the VR-RPS will follow similar processes as the case reviews completed by PIE staff, except as noted below.
 - a. Supervisors and VR-RPS shall review an adequate number of cases on an as-needed basis to allow them to evaluate the programmatic trends associated with the teams or special populations for which they are assigned (e.g., ILOB, Traumatic Brain Injury, veterans, autism, transition, college, self-employment, Bureau of Workers' Compensation, Personal Care Assistance, deaf/hard of hearing, Ticket to Work, substance abuse, developmental disability, contract specialty specific).
 - b. The purpose of these case reviews is to ensure the case work is reflective of current trends in the field and the issues that impact people with disabilities on an ongoing basis.
 - c. Reviews should include specialty cases across teams/offices to ensure an accurate reflection of statewide patterns and trends within the program(s).
 - d. All case review findings will be stored in the VRQA and are accessible by QA-RPS, VR-RPS, supervisors, VR/PIE managers and VR/PIE administration.

E. Feedback Sessions

- 1. Following completion of a case review by an RPS, the supervisor or area manager may request a feedback session to review findings. This session is to provide the opportunity for the reviewer to answer and address any immediate questions or concerns the supervisor or area manager may have. It will be the supervisor/area manager's responsibility to contact the reviewer to schedule the discussion.
- 2. When a case review has been completed by a supervisor, the counselor/coordinator may request a feedback session with the supervisor in order to receive further explanation and clarification of findings from the case review. This discussion should provide opportunities for learning and improving the staff's documentation skills to ensure quality and compliant casework.

F. Reporting

- 1. All information compiled from case reviews are housed on an internal website which is updated daily and can be filtered at various levels based upon need.
 - a. DPI staff, VR Deputy Directors, VR Assistant Deputy Directors, Area Managers, VR Supervisors and VR Contracts Unit RPSs are provided access to this data.

2. Case Review Summary Report

- a. PIE staff shall complete a Case Review Summary Report for VR cases reviewed every January, April, July and October that summarizes quality and compliance patterns and trends and findings identified cumulatively through the PIE case review process. The report:
 - i. outlines positive and negative trends in documentation for the quarter;
 - ii. reflects the overall quarterly findings for each bureau and across the entire state compared to previous results;
 - iii. includes statewide information about performance at each stage of the rehabilitation process; and
 - iv. highlights the five (5) top and bottom performing teams.
- b. The “Case Review Summary Report” shall be approved by the PIE Manager prior to distribution to Area Managers and VR Administration.
- c. This report is intended to be used by VR management to identify patterns and trends of staff documentation and for PIE staff to identify areas of potential training needs.

3. PIE Case Review Reports

- a. This report provides scores for each item on the case review form as well as total case review scores. Data from the report will be used to generate the quarterly Case Review Summary Report referenced above.
- b. This report shall be used as a tool to evaluate overall programmatic performance and to determine both programmatic and training decisions. Area Management will distribute the report to VR supervisors who shall regularly share this data with VR staff and VR contractors to provide examples of excellent case counseling strategies or for use in identifying areas needing improvement.

4. PIE Case Review List Report

- a. The PIE Case Review List Report identifies the case reviews currently in the VRQA for each counselor/coordinator along with the review status, and the review status date. This report will be broken out by division/bureau (including ILOB); area; office/team; supervisor; reviewer, type of review, and counselor/coordinator. The purpose of this report is for general oversight of the completion of case reviews.

5. PIE Case Review List Summary Report

- a. The PIE Case List Summary Report identifies the following types of case reviews: new; in process; completed; commented; and finalized. It provides a total number of cases reviewed for each supervisory team. Data can be broken down by fiscal year, type of review, reviewer, supervisor, and counselor/coordinator. This report is used to ensure that case reviews are moving through the review process in a timely manner and that the required number of case reviews is being completed each fiscal year.
- b. PIE staff shall review this report routinely and provide clarification, information, and technical assistance to the VRS in the event there are case reviews not moving through the VRQA in a timely manner.

- c. The Contract RPS should also review this report routinely to ensure the external contract supervisors are completing five (5) case reviews per coordinator per year in accordance with the contract deliverables.
- d. The VRS shall be responsible for taking appropriate action to ensure that the cases are moving through the VRQA in a timely manner to ensure the same cases do not continue showing up on the status report.

G. Technical Assistance and Training

1. Technical Assistance and Follow Up

- a. PIE staff, VR and ILOB supervisors, managers, and administration utilize several reports including Master List Reports, Front Door Reports, Area Performance Reports, Current Year Activity Reports, and Standards and Indicator Reports to provide technical assistance, feedback and guidance to VR staff and VR contractors related to program expectations and outcomes.
- b. The PIE Manager and the QA-RPS shall provide ongoing technical assistance to staff as needed throughout the year. Such guidance may be considered as a focus for training if clarification would benefit staff on a more widespread basis.
- c. Action steps shall be developed by BVR and BSVI management and VR contractors for prioritized areas that are below 90 percent compliance on a statewide level. This action plan shall be coordinated with the PIE Manager who will establish methods to track progress on the area(s) determined to be a priority.
- d. VRSs, Area Managers, and VR Administration may occasionally request that a QA-RPS visit an office in order to provide hands-on insight and/or training in relation to specific areas of concern or need. These visits shall be approved in advance by the PIE Manager.

2. Training

- a. As issues related to quality and/or compliance related topics arise throughout the year, training will be provided to ensure information is shared in a universal fashion.
 - i. Videoconferencing and/or web-ex will be considered as options to ensure timely sharing of information across the state.
- b. PIE staff shall work with the VR Training Manager and Area Managers to coordinate training topics based on patterns and trends identified through results of the case reviews completed throughout the year. Topics may be selected because of an identified trend or a need in that area (i.e. transition students, persons whose disability is substance abuse, etc.). The training will address statewide issues, area issues, and PIE updates.

H. Administrative Review and Resolution Process

- 1. If a VR or ILOB staff, or VR contractor, believes that a finding in a case review is unjustified, he/she shall discuss the issue with their supervisor. (This step will be skipped if the review is completed by a VR RPS.)
- 2. If the Supervisor and/or Area Manager disagree with the findings, he/she shall contact the reviewer within ten business (10) days of the completion of the review and provide supporting written documentation contrary to the findings.

3. The reviewer shall then discuss the situation with his/her manager to see if the documentation provided warrants having the finding rescinded.
4. The manager shall contact the PIE Manager to discuss the issue in further detail prior to making a decision.
5. If there is still disagreement related to a finding, the Supervisor must secure approval from the Area Manager and then complete the "Request for Administrative Review" (30-QA-01.C) form within ten business (10) days of the written request and send it, along with scanned supporting documentation, via email, to the attention of the PIE Manager.
6. The PIE Manager shall review the request and rescind or revise the finding if the documentation warrants such action.
7. If the PIE Manager does not rescind or revise the finding, he/she shall convene a panel including a representative from the following areas: legal, BVR or BSVI Administration, DPI management representative, QA-RPS, and a VR staff or VR contractor
 - a. The panel shall meet so each member may state his/her opinion and the rationale for the opinion.
 - b. If all panel members are in agreement, no further discussion takes place. However, if there is disagreement, the panel should discuss the issues amongst themselves and then vote as to what the decision should be. The vote does not have to be a secret ballot, but shall be kept confidential. The majority rules when the result of the vote is not unanimous.
 - c. After a decision has been reached, the PIE Manager, or designee, shall prepare a written summary of the decision within ten (10) working days and forward to the members of the panel for review to ensure the written decision is in accordance with what the panel had decided.
 - d. This entire process shall be completed so the final decision can be provided, in writing, to the individual making the request within thirty (30) calendar days from the date of receipt of the "Request for Administrative Review".

I. Violation

An employee who violates this policy may be subject to discipline up to and including removal.

FORMS AND ATTACHMENTS

- 30-QA-01.A Case Review for VR
- 30-QA-01.B Case Review Guide for VR
- 30-QA-01.C Request for Administrative Review
- 30-QA-01.D ILOB Case Review for ILOB
- 30-QA-01.E ILOB Case Review Guide for ILOB

RESOURCES

- Procedures subsequently issued under this policy.

REVIEW

It is the responsibility of the Deputy Director, or designee, to annually review this policy, on or before, the date listed in the header and if applicable, make any necessary revisions. The Deputy Director or designee shall document the annual review as required in OOD Policy 10-ADM-01 "Policy and Procedure Development, Review, Dissemination and Acknowledgement".