Quality Assurance Review

1. Reviewer's name:  


2. Name of Counselor:  


3. Client Name:



4. If the current counselor inherited this case from another counselor or counselors, please indicate if the former counselors were responsible for the eligibility determination or intitial IPE development. (**MAY check multiple answers if applicable**).

|  |
| --- |
| A different counselor was responsible for eligibility |
| A different counselor was responsible for the initial IPE |
| The current counselor was responsible for both eligibility and the initial IPE. |

5. In which field office is this individual being served?

|  |
| --- |
| Wilmington |
| Pencader/Middletown |
| Dover/Milford |
| Georgetown |

6. Was eligibility determined within 60 days of application?

|  |
| --- |
| Yes **(Skip to question 7)** |
| No, but there is a signed waiver in the file that includes date by which determination will be made. **(ANSWER QUESTION 6a.)** |
| No, but there is an unsigned waiver **(Skip to question 7)** |
| No, but there is a waiver without a determination date **(Skip to question 7)** |
| No, and there is not a waiver in the file **(Skip to question 7)**   |  | | --- | | 6 a. Was eligibility determined by the date on the waiver? | | Yes | | No | |

7. Does the Certificate of Determination include any of the following (**MARK ALL THAT APPLY**):

|  |
| --- |
| Describe all of the significant functional limitations identified elsewhere in the case file |
| Include functional limitations that are not significant barriers to employment |
| Neither of the above |



8. Do the conclusions on the Certificate of Determination accurately reflect the information on the Assessment form, the Functional Capacities Worksheet, **OR** ***other documentation*** present in the file?

|  |
| --- |
| Yes |
| No |

Comments:



9. Is there a letter in the file that notifies the individual that he/she has been determined to be eligible for services?

|  |
| --- |
| Yes |
| No |

10. Was the Individualized Plan for Employment developed within 90 days of the determination of eligibility?

|  |
| --- |
| Yes **(Skip to question 11)** |
| No: After Feb. 1, 2011 and extension letter in the file **(ANSWER QUESTION 10 a.)** |
| No: After Feb. 1, 2011 and NO extension letter in the file **(Skip to question 11)** |
| No: Prior to Feb. 1, 2011 **(Skip to question 11)** |
| No, but it has not yet been 90 days since eligibility **(Skip to question 11)** |
| This is a transition case and IPE was prior to graduation. **(Skip to question 11)** |
| This is a transition case and the IPE was NOT completed prior to graduation. **(Skip to question 11)** |
| This is a transition case for an individual who is still in high school. **(Skip to question 11)** |

Comments:



10 a. Was the plan created within the waiver period?

|  |
| --- |
| Yes |
| No |

11. If the individual is determined to have a most significant disability or significant disability, indicate if  the following is documented:  
  
NOTE:  
A "substantial service" is a major service related to the employment goal. Examples include physical/mental restoration, training, or rehabilitation technology services. The service may be received as a comparable benefit. A "support service" enables the individual to participate in the substantial services. Examples include maintenance, transportation costs, books & supplies, and clothing.  
  
In order to mark the second response, the individual must require services in status 12 or beyond (but prior to status 20) that will last 6 months or greater.  
  
 Client does not have a significant or most significant disability

|  |
| --- |
|  |
| At least one substantial/significant service lasting 6+ months identified on the plan in addition to counseling & guidance and placement. |
| Substantial/significant service lasting 6+ months is NOT documented. |

Comments:



12. In reviewing the client’s Individualized Plan for Employment, evaluate whether the vocational goal and services are: (**MARK ONE OR BOTH AS THEY APPLY**)



|  |
| --- |
|  |
| Related to the significant barriers to employment identified on the Assessment/Functional Capacities Worksheet/ Certificate of Eligibility. |
| Necessary and sufficient to assist the individual with a disability in preparing for employment that is consistent with their strengths, resources, priorities, etc. as identified on the Assessment/Functional Capacities Worksheet/ Certificate of Eligibility.   Neither  12 a. Is the Vocational Objective consistent with the findings of assessment information and the Certificate of Eligibility? |
| Yes |
| No |

Comments (For questions 12 and/or 12 a):



13. Are there services on the plan that are not required or related to the mitigation of significant barriers to employment related to the individual’s disability?

|  |
| --- |
| Yes |
| No |

Comment:



14. Is there documentation in the file that the counselor pursued comparable benefits if such benefits are available and timely?

|  |
| --- |
| Yes |
| No |
| None available |
| Not timely |

Comments:



15. Has the counselor maintained adequate contact with the client while the client is participating in DVR services.  
  
Note: Minimal adequate contact consists of a documented face-to-face meeting, e-mail, or  phone call  with the client at least every 60 days.

|  |
| --- |
| Yes |
| No |



16. Does the file contain documentation that the counselor has received or made efforts to receive documentation from vendors or the client (e.g. grades) to document the individual’s progress in the services on the IPE?

|  |
| --- |
| All or most service documentation and reports are in the file. |
| Some service documentation and reports are in the file, and there is evidence that the counselor has pursued obtaining the missing documentation |
| Little or no service documentation and reports found in the file, and there is little or no evidence that the counselor has pursued the missing documentation. |
|  |

Comments:



17. Does the file contain documentation that the counselor reviewed and, as necessary, acted upon the documentation or reports from vendors?

|  |
| --- |
| Yes |
| No |

Comment:



18. If the client has obtained employment, is there a progress report indicating placement information in the file?  
  
IF THE REPORT IS NOT IN THE FILE, PLEASE COMMENT BELOW IF THERE IS EVIDENCE THAT THE COUNSELOR DOCUMENTED THAT HE/SHE CONTACTED THE VENDOR TO REQUEST THE REPORT.

|  |
| --- |
| Yes |
| No (no placement documentation received from employment specialist or vendor) |
| The client obtained employment on his/her own or with assistance from the VR counselor (only status 22 log in file) |
| The client has not yet obtained employment. (**SKIP to question 22**) |



19. How closely does the client's job title match the objective on the placement agreement and/or Individualized Plan for Employment?

|  |
| --- |
| The job title substantially MATCHES the vocational objective on the placement agreement and/or IPE. (**SKIP to question 21**) |
| The job title is substantially DIFFERS from the objective on the placement agreement and/or IPE. |



20. If the client's job title is substantially different from the job on the supported employment agreement and /or IPE, please **MARK ALL** of the applicable responses below:

|  |
| --- |
| There is a documented effort to find the individual a job that substantially matches the one on the placement agreement. |
| The client, counselor, and placement vendor met to discuss the job placement that differed from the one on the place agreement. |
| The client supports the new vocational objective. |
| The counselor supports the new vocational objective. |
| There is an updated IPE in the file. |
| The counselor has documented that the services provided substantially contributed to the new vocational objective. |
| There is NO support documentation for the change in vocational objective. |



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| --- |
| 21. Is there documentation that the VR counselor maintained contact with the client after placement and prior to case closure?   Yes, direct contact with the client |
| No, but placement is less than 30 days ago. |
| No, direct contact with the DVR employment specialist/vendor only AND 30+ days post placement |
| No contact with client or DVR employment Specialist/vendor AND 30+ days post placement. |



**Questions 22 and 23 are to be reviewed by Fiscal Representative.**

22. Are the authorizations for DVR-funded services in the file?

|  |
| --- |
| Yes |
| No |
| Not applicable |

Comments:



23. Are there any authorizations in the file for services that are not on the IPE (other than assessment services)?

|  |
| --- |
| Yes |
| No |

Reset

Comments:



24. Provide an overall rating for the quality of VR services provided to this client:

|  |
| --- |
| Excellent |
| Very Good |
| Good |
| Fair |
| Poor |

25. Please add any additional comments or overall summary about this case in the text box below.

