STANDARD OPERATING PROTOCOL	
Subject: Quality Review and Supervisory Case Review for Vocational Rehabilitation Counselors	**SOP Number**: 2016-RSA-QR-SOP-001
Responsible Program or Office: RSA – Client Services and Quality Assurance and Compliance Units	**Effective Date**: June 30, 2016 Supersedes SOP dated August 26, 2015 **Number of Pages**: 4, plus attachments
Cross References and Related Policies and Procedures, and Related Documents: DCRSA Policy Manual, 29 DCMR § 100 *et seq.*, 34 CFR § 361 *et seq.*	

I. PURPOSE

This Standard Operating Protocol ("SOP") provides guidance for Quality Assurance and Compliance and VR Supervisory Staff in conducting quality and compliance reviews of records in order to ensure consistency of the quality of services provided by VR counselors and identify need for additional training or policy and procedure changes.

II. RESPONSIBLE STAFF

Responsible staff for this SOP includes Quality Assurance Internal Monitors, the Training Specialist and the Program Analyst within the Quality Assurance and Monitoring Unit; the supervisor of the QA Unit; all VR Supervisory Staff, both first and second line supervisors, as well as all VR Specialists and Rehabilitation Assistants.

III. PROCESS

This SOP establishes a process for consistent case review between the quality assurance unit and client services units to ensure that the quality and service units are working together and addressing all quality issues consistently and in a coordinated manner to improve the quality of service provision to the persons served by RSA. In the procedures below, the process is laid out whereby regular case reviews will be conducted by both the QA unit reviewers and client services unit supervisors. The information gathered from these reviews will be used to identify the need for policy or procedure changes, or the need for training, in circumstances where consistent issues are identified across all units in the division, and may be used to inform the need for individual training or support for

individual counselors or supervisors, where issues are isolated to one unit or an individual.

IV. PROCEDURES

Staff will use the following tools when completing Quality and Compliance reviews. These tools are strongly encouraged to be used by counselors as a guide to understanding how quality and compliance are measured.

Compliance Review Guide – This document provides guidance on completing the Quality Review Form. It should be used for reference and guidance by supervisors and QA staff when reviewing cases.

Quality Review Form - This form, as revised in April 2016, is to be completed by QA staff and supervisors for each case reviewed. The narrative, quality questions need to be completed only by the VR Supervisors, not the QA staff.

V. CASE REVIEWS

A. Random Selection of Cases

On the first business day of each month, the Deputy Director's Executive Assistant will obtain a random sample from System 7 of at least six cases from each counselor. Three cases will be reviewed by the supervisor and three cases will be reviewed by the QA monitors. The cases identified will be cases in status 10 through status 22, and will only include cases in which the currently assigned counselor made the eligibility determination for the case. When the reviews identify case compliance or quality issues for a counselor (i.e., at least one case each month is missing required documentation over a three month period), the supervisor will increase the number of cases he or she reviews each month for that counselor to five.

B. Case Reviews by Supervisors

By the tenth business day of each month the supervisor will complete all case reviews for his or her unit. He or she will provide a copy of the Compliance Review form to both his or her supervisor and the supervisor for the Quality Assurance and Compliance Unit.

C. Case Reviews by Grade 14 VR Supervisor

After receiving all Compliance Review forms from the VR Supervisors, the grade 14 VR Supervisors will randomly select one case from each supervisor's unit and conduct an independent review of this case. He or she will then compare his or her findings with the findings of the first line supervisor. To the extent there are differences in the findings, these will be discussed in regularly scheduled weekly individual supervisory sessions.

Based on these discussions there may be changes made to the VR Supervisor's Case Review Forms. The forms generated by the Grade 14 VR Supervisor are for Quality Control and supervisory purposes with each individual Unit Supervisor only. These forms are maintained in the file the Grade 14 VR Supervisor maintains for each VR Unit Supervisor. These forms need not be shared with the VR Counselor.

D. Case Reviews by QA Monitors

QA Monitors shall complete a Compliance Review Form for each case they are required to monitor, following the guidance provided in the attached Compliance Review Form Guide. These forms should then be copied, with the original being provided to the VR Supervisor and copies provided to the Supervisor of QA. The QA monitor should schedule a time with the VR supervisor each month to discuss all issues identified in the case reviews.

E. Follow Up by VR Supervisors

After receiving the Compliance Review Forms from the QA Monitor, the VR Unit Supervisor will provide copies of all Compliance Forms completed by both the QA Monitor and the VR Supervisor, as well as the Quality Review Form completed by the VR Supervisor to each VR counselor. The counselor will review the forms and comment on any issues identified by the Reviewer. The counselor should return these forms to their supervisor within ten business days. Once the supervisor receives these forms, he or she should discuss the reviews and any corrective action needed in their next weekly supervisory session. As indicated in Section A, above, when reviews identify a problem area for a counselor, i.e., at least one case each month, over a three month period, demonstrate areas where the VR Counselor does not provide necessary documentation in a case file, the VR Supervisor will increase the number of cases reviewed. If after three months of increased review, the performance improves, the reviews will be reduced to the original amount. If, however, there continue to be issues of compliance or quality, the supervisor will place the counselor on monitoring, requiring supervisory approval on all VR Counselor actions, to ensure quality services are provided and appropriately documented. If there continue to be issues with compliance and quality performance after three months on monitoring, the VR Supervisor will consider other actions, including possible corrective action or use of a Performance Improvement Plan, to help the VR counselor improve performance in areas of identified weakness.

F. Reporting

The QA supervisor will compile all of the information included in all case review forms. She will compile this information in a format that allows management staff to identify

issues by unit and administration wide. On a quarterly basis, the findings from these reports will be discussed at a Mangers' meeting, which includes the QA supervisor, the Grade 14 VR Supervisors, all VR Unit Supervisors and the Deputy Director. The management team will discuss issues that arise in all units and develop a plan to address these issues and improve performance in the identified areas. Individual unit data will also be shared. VR supervisors with high performing units will be asked to share suggestions for how other units can experience the same success. Specific plans for improvement in individual units will be developed in supervisory sessions between the Grade 14 VR Supervisor and the Unit Supervisor, not in these management team meetings.

DISTRICT OF COLUMBIA REHABILITATION SERVICES ADMINISTRATION

QUALITY REVIEW FORM

Consumer's Initials _____ Case Number _____ Case Status_____

Counselor _____ Caseload # _____ Review Date_____

Reviewer _____

The purpose of this review is to determine if case documentation is in compliance with state and federal regulations and agency policy. Indicate with a check if the following are present in the case; present means appropriate parts of forms are completed, signatures obtained, etc. VR Supervisor shall also provide narrative review where indicated.

(P = Present, NP = Not Present, N/A = Not Applicable)

1. Application and Consumer Rights	**P**	**NP**	**N/A**
Signed and dated	_	_	
Rights and responsibilities signed	_	_	

2. Eligibility and Documentation of Physical / Mental Impairment			
Existing records	_	_	_
Diagnostics	_	_	_
Substantial impediment to employment	_	_	
Certificate of Eligibility	_	_	_
If not with 60 days, Time Extension form with appropriate reasoning	_	_	_

Supervisor's Comments (narrative description of quality of functional assessment and eligibility determination)

	P	**NP**	**N/A**
3. Order of Selection			
Copy of OOS letter present and signed in case file	_	_	

4. Comprehensive Assessment

Supervisor's Comments (description of quality of comprehensive assessment)

5. Employment Outcome and IPE	P	NP	N/A
All IPEs in the record with all required signatures	_	_	
Annual reviews.....	_	_	_

Supervisor's Comments (description of quality of support for employment goal, evidence that counselor is monitoring progress in working toward goal, including timely IPE review, when necessary, IPE services are appropriate to address functional limitations and meet employment goal, any gaps or delays in service are explained in the record)

6. Fiscal Review		
Financial participation completed annually and signed by client	_	_
Services provided consistent with agency policies (i.e. least cost, local preference, licensure/accreditation, etc.).....	_	_

7. Closure			
Employment outcome is consistent with the employment goal on the IPE	_	_	_

Reviewer's Comments:

Counselor's Comments:

Corrective Actions Needed: