

**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. Referral	P	NP	N/A
Contact with consumer within 5 days of referral.....	-	-	
2. Application and Consumer Rights			
Signed and dated.....	-	-	
Rights and responsibilities signed			
Informed Choice information provided.....	-	-	
Appropriate mode of communication used.....	-	-	
Signed consent(s) for release of information to family members, authorized representatives, or other parties (completed and updated annually	-	-	-

Supervisor's Comments (narrative description of quality of documented counseling on informed choice)

3. Eligibility and Documentation of Physical / Mental Impairment

Secondary school records.....	-	-	-
Disability award letter.....	-	-	-
Existing records.....	-	-	-
Diagnostics.....	-	-	-
Documentation of trial work experiences.....	-	-	-
SSI/SSDI verification and documentation of intent to work.....	-	-	-
Substantial impediment to employment.....	-	-	-
Certificate of Eligibility.....	-	-	-
If not with 60 days, Time Extension form with appropriate reasoning.....	-	-	-
Certificate of Ineligibility Provided.....	-	-	-

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

P NP N/A

4. Order of Selection

Copy of OOS letter present and signed in case file..... _ _

5. Comprehensive Assessment..... _

General health status review..... _ _ _

Explanation of unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment..... _ _ _

Documentation identifies and describes vocational rehabilitation needs..... _ _ _

Explanation of vocational rehabilitation services needed..... _ _ _

Explanation of potential to benefit from rehabilitation technology..... _ _ _

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

6. Employment Outcome and IPE

Documentation supports type of plan (i.e., VR, SE or Self-Employment) _ _

Consumer provided options for developing IPE..... _ _

IPE developed within 90 days of eligibility..... _ _ _

..... _ _
Documentation that employment outcome, services provided, and service providers, are consistent with consumer's informed choice, unique characteristics, and VR needs..... _ _

Services identified..... _ _

Providers designated where possible..... _ _

Estimated costs..... _ _

Time frames: Beginning and ending dates..... _ _

Objectives/Consumer's responsibilities..... _ _

All IPEs in the record with all required signatures _ _

Documentation of consumer's informed choice and involvement..... _ _

Outcome/outcome dated completed..... _ _

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)

	P	NP	N/A
7. For Transition Youth Cases			
IPE approved and signed prior to exiting school.....	-	-	-
Documentation of school activities that prepared student for post-secondary training, education or employment	-	-	-
Documentation of career exploration and vocational guidance that was provided prior to student exiting school.....	-	-	-
8. Fiscal Review			
Financial participation completed annually and signed by client	-	-	-
Comparable benefits addressed.....	-	-	-
Services provided consistent with agency policies (i.e. least cost, local preference, licensure/accreditation, etc.).....	-	-	-
Signatures on IPE on or before authorization date.....	-	-	-
Authorizations agree with IPE and amendments.....	-	-	-
Authorization dates on or before authorized services.....	-	-	-
Authorizations canceled, corrected or verification of service provision within 45 days	-	-	-
9. Closure			
Employment outcome is consistent with the employment goal on the IPE	-	-	-
Documentation that employment outcome is satisfactory to consumer and counselor.....	-	-	-
Documentation that consumer and counselor agree that the consumer is performing well on the job.....	-	-	-
Documentation that the consumer's wage is not less minimum wage or what is customarily paid by the employer for the same work performed by non-disabled individuals.....	-	-	-
Documentation that work is performed in an integrated setting	-	-	-

Reviewer's Comments:

Counselor's Comments:

Corrective Actions Needed:

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