

PERFORMANCE ANALYSIS REGULAR CASE

| | | |
|--------------------|------------------|-----------------|
| Counselor | Reviewer | Date |
| Consumer | Case No. | Status |
| Applicant Date | Eligibility Date | IPE Date |
| Primary Disability | | Disability Code |

Eligibility

- 1) Does the service record documentation support that the applicant has physical and/or mental impairment that constitutes a substantial impediment to employment? YES ☐ NO ☐
- 2) Does the service record documentation support that the applicant requires vocational rehabilitation services to prepare for, secure, retain, or regain employment? YES ☐ NO ☐
- 3) If the consumer is receiving SSI/SSDI and is consequently presumed eligible, are supporting documents in the file? NA ☐ YES ☐ NO ☐
- 4) Is this case eligible with an Agreement of Understanding signed? YES ☐ NO ☐
- 5) Was the eligibility determination made within 60 days of the individual's application or is there an agreed extension of time? YES ☐ NO ☐
- 6) If a trial work experience was needed to assist in the determination of eligibility/ineligibility, was it provided? NA ☐ YES ☐ NO ☐

IF THIS CASE IS INELIGIBLE, PLEASE STOP REVIEW

- 7) Is case properly coded including disability, MSD/SD, and Priority Category? YES ☐ NO ☐
(All Supported Employment Cases MUST be MSD.)

Remarks

INDIVIDUAL PLAN FOR EMPLOYMENT

- 1) Appropriate signature? YES ☐ NO ☐
- 2) Was the plan developed and implemented in a timely manner? YES ☐ NO ☐
- 3) Does the case file contain documentation of an assessment for determining the vocational rehabilitation needs, the employment outcome, and the scope of vocational rehabilitation services? YES ☐ NO ☐

IF YOU ANSWERED "NO" TO QUESTION #3, THEN #4 MUST BE MARKED "NO"

- 4) Are the services on the IPE:
- (a) directly related to the expanded definition on the eligibility worksheet? YES ☐ NO ☐
 - (b) supportive of the individual achieving the planned employment outcome? YES ☐ NO ☐
 - (c) necessary to the achievement of the employment outcome? YES ☐ NO ☐
 - (d) in the most integrated setting appropriate to the services and consistent with the informed choice of the individual? YES ☐ NO ☐

- 5) Are all substantive changes in employment outcomes, VR services,

or service providers reflected on an amended IPE? NA ☐ YES ☐ NO ☐

Caseload No.

6) Timelines for the achievement of the employment outcome and for the initiation of the service. YES ☐ NO ☐

7) Reviewed at least annually by counselor and eligible individual or representative. NA ☐ YES ☐ NO ☐

8) Eligible individual's participation, involvement, and responsibilities in the planning and development of IPE is documented and signed by eligible individual/guardian and counselor. YES ☐ NO ☐

Remarks

FINANCIAL ACCOUNTABILITY

1) Expenditure of only those funds necessary for eligible individual's assessment and rehabilitation. NA ☐ YES ☐ NO ☐

2) If services based on economic need were planned, was a financial need test properly applied and appropriately documented? NA ☐ YES ☐ NO ☐

3) Documentation confirms that comparable services and benefits were investigated considered, and discussed with eligible individual and utilized when available. YES ☐ NO ☐

REMARKS

SUCCESSFUL EMPLOYMENT OUTCOME

1) Is the employment outcome consistent with the individual's unique:
(a) strengths, resources, abilities, capabilities, priorities and concerns? YES ☐ NO ☐

(b) interests and informed choices? YES ☐ NO ☐

2) Is the employment outcome in the most integrated setting possible, consistent with the individual's informed choice? YES ☐ NO ☐

3) Did the individual and the counselor:
(a) consider the employment outcomes to be satisfactory? YES ☐ NO ☐

(b) agree that the individual is performing well on the job? YES ☐ NO ☐

4) Did the individual achieve the planned employment outcome? YES ☐ NO ☐

5) Did the VR services contribute to the individual's achievement of an employment outcome? YES ☐ NO ☐

6) Did the individual maintain an employment outcome for an appropriate period of time but not less than 90 days? YES ☐ NO ☐

7) For individuals with competitive employment, does the service record reflect verification that the:
(a) individual is compensated at or above minimum wage? YES ☐ NO ☐

(b) level of benefits were customary? YES ☐ NO ☐

(c) individual was informed of post-employment services? YES ☐ NO ☐

REMARKS