

Rehabilitation Services Commission
PROGRAM MONITORING REVIEW FORM

Program/Contract Name: _____ Program Administrator Name _____ / and Email: _____
 Primary RSC Contact Name: _____ Bureau: BVR BSVI VRP3 Other _____ Program:(add
 dropdown for CCD, PCA, etc.) Contract Routing Number: _____

Case Services contract OR Administrative only contract (See items between * for Admin. only contracts.)

Program/Contract Start Date: _____ Program/Contract End Date: _____

REVIEW RESULTS KEY: (MS) MEETS STANDARDS (NI) NEEDS IMPROVEMENT (N/A) NOT APPLICABLE

A. QUALITY & LEARNING/GROWING:

Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: # of quality observations (5 per Counselor/Coordinator per year)/onsite observations; systems in place to ensure quality services/outcomes; current/appropriate staff credentials; *demonstrating knowledge of RSC policies and policy updates, including confidentiality of personally identifiable information. Describe (below) any obstacles that have hindered progress towards achieving the contract deliverables.*

RSC Responsibility: *Staffing levels in accordance with contract; using extranet/internet resources when necessary; using IT Helpdesk as appropriate*; current/appropriate accreditation; participating in RSC training programs; participating in RSC/Contractor ~~VRP3 mentoring~~ meetings. *Describe (below) any obstacles that have hindered progress towards achieving the contract deliverables.*

| Review Date | Review Results | Comments | Staff initials |
|---------------------|--|----------|----------------|
| 1 st Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 2 nd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 3 rd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

CASE PROCESS

B. VR REFERRAL:

Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: *Outreach in developing/maintaining referral sources; scheduling new referrals; using consumer's chosen mode of communication; following RSC procedure of scheduling an initial appointment ~~following referral~~

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*within five (5) business days of referral.**

| Review Date | Review Results | Comments | Staff initials |
|---------------------|--|----------|----------------|
| 1 st Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 2 nd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 3 rd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

C. APPLICATION:

Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: *Processing applications completely and timely; new VR participants intake/orientation process in place*

RSC Responsibility: *Case review referral/application score (QA reports): _____*

| Review Date | Review Results | Comments | Staff initials |
|---------------------|--|----------|----------------|
| 1 st Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 2 nd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 3 rd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

D. Eligibility:

Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: *Conducting assessment to determine eligibility and priority under the order of selection; obtaining appropriate/sufficient diagnostic information to support the eligibility decision; verifying eligibility under Title II or Title XVI of the Social Security Act for purposes of presumptive eligibility; providing trial work experiences; addressing recidivism (i.e. the issue of individuals returning for services);*

RSC Responsibility: *Case review eligibility score:*

| Review Date | Review Results | Comments | Staff initials |
|---------------------|--|----------|----------------|
| 1 st Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

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|---------------------|--|-----------------------------|-----------------------------|------------------------------|--|--|
| 2 nd Qtr | | <input type="checkbox"/> MS | <input type="checkbox"/> NI | <input type="checkbox"/> N/A | | |
| 3 rd Qtr | | <input type="checkbox"/> MS | <input type="checkbox"/> NI | <input type="checkbox"/> N/A | | |
| 4 th Qtr | | <input type="checkbox"/> MS | <input type="checkbox"/> NI | <input type="checkbox"/> N/A | | |

E. Order of Selection:

Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: *Soliciting input about the OOS and its implementation; communicating OOS priority categories to consumers; managing capacity to better serve all eligible individuals; adhering to OOS requirements.*

| | Review Date | Review Results | Comments | Staff initials |
|---------------------|-------------|--|----------|----------------|
| 1 st Qtr | | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 2 nd Qtr | | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 3 rd Qtr | | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

F. IPE Development and Implementation:

Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: *Making pertinent information available (including in accessible formats) to individuals with disabilities in order for them to make informed decisions throughout the rehabilitation process, including options for developing the IPE, information about types of services available, qualifications of potential service providers, and consumer satisfaction with services; ensuring the timely development and implementation of individual IPEs; ensuring the IPE is consistent with and supports the IPE employment goal; determining financial need and potential cost sharing by eligible VR participants; providing direct job development and placement services, purchase those services, or use other strategies for these services; writing a comprehensive assessment that accurately and completely supports IPE (summarizes assessments, justifies/ explains service needs and supports goal selection); writing plans that detail all the necessary services for consumer to achieve employment outcome; case documentation demonstrating that coordinator engaged consumer in an informed choice process for all major decision points including employment goal, services and providers; utilizing assistive technology services to enhance consumer capacity to obtain or maintain employment; developing resources for long-term supports for individuals in supported employment.*

RSC Responsibility: *Case review IPE score:*

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| 1 st Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 2 nd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 3 rd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

G. Service Delivery:

Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: *Understanding importance of case documentation including:*

- *summary of consumer's progress which includes a narrative description of consumer at various points in the process to demonstrate improvements and benefit*
- *communications with consumer*
- *how decisions were arrived at*
- *partnership with consumer*
- *reason for successful or unsuccessful closure*
- *what needs to be different for case to proceed if consumer returns to VR program*

Providing feedback as needed to ensure timely and quality service; providing appropriate and sufficient referral questions; communicating with CRP/provider during course of service; maintaining involvement with consumer and service providers and documenting communication (in person/ staffing, phone, e-mail); determining methods to sustain program

RSC Responsibility: *Case review service delivery score: _____*

| Review Date | Review Results | Comments | Staff initials |
|---------------------|--|----------|----------------|
| 1 st Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 2 nd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 3 rd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

H. Employment Outcomes:

Areas of review: (involves electronic and/or on-site reviews)

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RSC Responsibility: **Ensuring quality outcomes for consumers that are permanent and competitive*;*
Case review closure scores: _____

| Review Date | Review Results | Comments | Staff initials |
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| 1 st Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 2 nd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 3 rd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

I. Case Review Total Score:

Areas of review: (involves electronic review)

RSC Responsibility: *Case review "Total" score:*

| Review Date | Review Results | Comments | Staff initials |
|---------------------|--|----------|----------------|
| 1 st Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 2 nd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 3 rd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

J. Customer Satisfaction:

Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: **Using results of consumer satisfaction surveys; establishing due process procedures; communicating due process provisions to consumers; soliciting input from consumers, the public, and RSC about the service delivery system; using information solicited from consumers, the public, and RSC to improve the service delivery system**

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| 1 st Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
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| 3 rd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

K. Reports:

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Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: *Generating service provision reports from the stakeholder's MIS system and using reports to improve performance and/or revise policies/ standards to improve service delivery; *securing thorough reports for all services rendered; reviewing reports from service providers and ensuring that all services requested were provided, report is complete, billing coincides with report dates, times and elements.**

RSC Responsibility: *Utilizing RSC case management system; utilizing RSC Master List report and movement of cases through services in a timely manner and in a sufficient manner to support contractual goal(s); *utilizing case management VIS/COGNOS/AWARE system reports* (master list, caseload summary, current year activity and *fiscal reports) in order to achieve production goal for current contract deliverables; meeting RSA performance indicators.**

| Review Date | Review Results | Comments | Staff initials |
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| 3 rd Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

L. General:

Areas of review: (involves electronic and/or on-site reviews)

Stakeholder Responsibility: **Promoting/ maintaining collaborative working relationships with the service delivery network, including employers, other state agencies, community-based programs, WIA partners, state education agencies, centers for independent living, and institutions of higher education; accessing other VR related information such as VR casework policy manual, ~~intranet~~, CRP manual and other inter/ extranet resources*; RSC Liaison relationship supportive of Eligibility, Order of Selection, Individual Plan for Employment (IPE), IPE Amendments, Case Closure, and final billing approval; RSC Liaison and *RPS providing monthly support to projects during the first year and bi-monthly support to projects greater than one year; RPS providing tools and strategies to support the VRP3; RPS providing support as a liaison between the VRP3 project and the local RSC office as needed; list below and briefly describe the project's three major accomplishments for the review period that reinforce the new and innovative aspects of the program. (i.e. establishing outreach activities, identifying new employment opportunities, staff or consumer accomplishments)*.*

RSC Responsibility: **Demonstrating appropriate use of system processes (ie. tasking protocol, email, phone calls); monitoring and evaluation systems in place to ensure the quality of services and outcomes; providing appropriate information and resources to assist in completion of the Program VRP3 Monitoring Review Form; list (below) any notable challenges or obstacles requiring support since last review.**

| Review Date | Review Results | Comments | Staff initials |
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| 2 nd Qtr | | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 3 rd Qtr | | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |
| 4 th Qtr | | <input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A | | |

M. Need for Corrective Action/Follow-Up (involves electronic and/or on-site reviews)

RSC responsibility: *Describe areas of Corrective Action/Follow-up needed below, including any findings from the RPS Liaison Counselor's review and Fiscal Monitoring Tools for this period. Include progress toward any previous corrective action item(s) and how the contractor has addressed previous corrective action areas. (Be specific.)*

| | Review Date | Review Results | Comments | Staff initials |
|---------------------|-------------|---|----------|----------------|
| 1 st Qtr | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 2 nd Qtr | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 3 rd Qtr | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 4 th Qtr | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |

N. Risk Level

| | Review Date | Risk Level | Comments | Staff initials |
|---------------------|-------------|--|----------|----------------|
| 1 st Qtr | | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | | |
| 2 nd Qtr | | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | | |
| 3 rd Qtr | | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | | |
| 4 th Qtr | | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | | |

O. Stakeholder Feedback (must be provided within 14 days) – include RPS response to feedback

| | Date | Contractor Comments | Staff initials |
|---------------------|------|--|----------------|
| 1 st Qtr | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 nd Qtr | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 rd Qtr | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 th Qtr | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

P. Reviewer(s) Signature/Initials/Date:

RPS Signature

RPS Initials

Date Completed

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| | | | |
|---------------------|--|--|--|
| 1 st Qtr | | | |
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| 3 rd Qtr | | | |
| 4 th Qtr | | | |

Q. Program Integrity & Evaluation Reviewer(s) Signature/Initials/Date:

| | RPS Signature | RPS Initials | Date Completed | Comments |
|---------------------|----------------------|---------------------|-----------------------|-----------------|
| 1 st Qtr | | | | |
| 2 nd Qtr | | | | |
| 3 rd Qtr | | | | |
| 4 th Qtr | | | | |