

Record Review Instrument for Delegated Authority Reviews

Updated: August 2024

Contents

Procedures	2
Review Context:	2
Plan Reviews	3
Initial Interview Considerations:*	3
VR Needs Assessment & IPE Development Considerations:*	4
Education Goals & Documentation	6
3) The IPE Date in AWARE is timely and verified by case documentation.*	7
Independent Living Plan Review Specific Questions	8
1) The initial ILP was developed jointly with the consumer, provides adequate detail regarding service costs and delivery, and is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice*	8
2) The ILP Date in AWARE is timely and verified by case documentation.*	9
Authorization Review Questions	10
Fee Schedule Use	10
Authorization Considerations	10
Wrap-Up Question	11
<i>At the time this authorization was issued, was it appropriate to do so?*</i>	11
To practice using this review tool Click here.	11

Procedures

- For each vocational rehabilitation counselor who used delegated authority either to issue authorizations or to enter a start date on an Individualized Plan for Employment or an Independent Living Plan during the previous month, up to two authorizations issued by the counselor and up to two plans initiated by the counselor will be randomly selected by HQ per month for supervisory review.
- Review requests will be sent to supervisors during the first week of the following month, and supervisors will have until the end of the month to complete the requested review using this on-line review tool.
- Completed reviews are emailed automatically by the on-line review tool to the counselor and the Regional Director. If a supervisor indicates that an authorization or a plan was inappropriately issued by the counselor, the OFS and OBVS Director will also receive a copy of the review.

Review Context:

Select the Region

Select the District

Select the Reviewer

Enter Caseload Number*

NOTE: Begin caseload number with "VR" (e.g.VR5221) or "IL" (e.g.IL1156). There are no spaces between the letters and numbers. The caseload number appears in the "Caseload Assignment" column in the Participant Module Case Search results for most layouts, including Statewide Search. This instrument will NOT accept a caseload number that has not first been pre-loaded for validation. If a caseload is found missing, notify the review team leader or AWARE Help Desk.

Reenter Caseload Number* _____

Enter Participant ID* _____

Reenter Participant ID:* _____

Review Type:*

☐ Plan

☐ Authorization

Date of the Plan or Authorization:* _____

What type of plan?*

☐ Individualized Plan for Employment (IPE)

☐ Independent Living Plan (ILP)

Enter Authorization Number* _____

Reenter Authorization Number* _____

Plan Reviews

VR Plan Review Specific Questions

Initial Interview

Initial Interview Considerations:*

[See policy \(RSM2, 406\) Administrative Instruction 20-02 Electronic Signature](#)

- a. Initial interview case note, or Initial Interview/Application Checklist found in AWARE.
- b. Emphasis on competitive integrated employment: Individual's work history and job interests discussed.
- c. Individual's disability and functional limitations described.
(If consumer is already employed and is seeking services to maintain employment, select N/A.)
- d. Plans for next steps for counselor **and** consumer are clearly documented.
- e. The required, completed application materials were received and dated stamped as of the initial interview.

Affects WIOA Performance Indicator - Credential Attainment

f. There is evidence that opportunities for Training Services was discussed with the consumer.

1) Comprehensive initial interview was conducted with assigned counselor or supervisor and clearly documented in AWARE.*

Reason required when response is "Partially Present" (PP) or "Not Present" (NP).

☐ P

☐ PP: _____ *

☐ NP: _____ *

Comments:

VR Needs Assessment & IPE Development

VR Needs Assessment & IPE Development Considerations:*

[See Policy \(RSM2, 602\)](#)

[See Policy \(RSM2, 602.04\)](#)

[Administrative Instruction 20-02 Electronic Signature](#)

[Educational Goal Entry Guide](#)

a. There is evidence that the Characteristics at Plan or [Barriers to Employment Page](#) in AWARE was reviewed with the consumer. (RS-4s).

Affects WIOA Performance Indicator - 2nd & 4th Quarter after exit

b. The Plan Development Case Note or Plan Development/Needs Assessment Checklist demonstrates that counselor and consumer discussed labor market information (information from O*NET, BSR, MWE, etc. noted) that affect employment opportunities so that consumer could make an informed choice regarding assessment activity, employment goal, services and service providers, and supported employment options, as appropriate.

Affects WIOA Performance Indicator - 2nd & 4th Quarter after exit

c. **Functional limitations & barriers** to employment that could impact quality employment outcome (wages and retention) were discussed during the plan development meeting and are addressed by services on the plan. Example of such services:

- Disability Related Skills Training
- Transportation
- Communication Services

d. There is evidence that the consumer would be successful in the chosen goal.

- is true if services required for the consumer to achieve the employment goal are included on the IPE.
- If it is evident that the first IPE was prepared for the purpose of exploring or clarifying the IPE goal and there is an amended IPE, then refer to the employment goal in the amended IPE;
 - If there is no amended IPE, services &/or assessments to assist with exploring or clarifying the IPE goal are included on the plan

Affects WIOA Performance Indicator - Credential Attainment

- e.** There is evidence that opportunities for **Training Services** was discussed with the consumer.
- f.** Consumer use of comparable benefits (e.g. family, Medicaid, AJC). was documented on the plan, as appropriate
- g.** If IPE contains short- or intensive job coaching, the targeted number of hours to work per week is included.
- h.** **Service costs**, including job coaching, were estimated appropriately.
- i.** For recipients of Social Security benefits, services include **Benefits Counseling**. If there are no benefits counseling services on the IPE, there is evidence in the case notes that the services was offered to the consumer but the consumer declined.
- j.** For **Supported Employment IPE**, services include transition to long-term funding or natural supports and consumer's preference for on or off-site job coaching.
- k.** All **required signatures**, including the consumer, were on the hard copy plan on or prior to signature/start date in AWARE.

* If the IPE or IPE Amendment is signed using a Digital Signature, the accompanying Signature Certificate, containing authentication is attached in AWARE.

2) The initial IPE was developed jointly with the consumer, provides adequate detail regarding service costs and delivery, and is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice*

[See Policy \(RSM2, 604.03\)](#)

[See Policy \(RSM2, 604.04\)](#)

Reason required when response is "Partially Present" (PP) or "Not Present" (NP).

☐ P

☐ PP: _____ *

☐ NP: _____ *

☐ N/A

Comments:

Education Goals & Documentation

a. For IPE written for student pursuing high school diploma or GED, Secondary Education should indicate "Achieving secondary school diploma or equivalent is a goal."

b. For IPE containing Secondary, Post Secondary Education, or Training leading to a recognized credential, **Educational Goal** has been entered.

Affects WIOA Performance Indicator - MSG

c. Documentation of Most Recent **Measurable Skill Gains** in case as appropriate.

IPE Date.

Educational Goals & MSGs are accurately documented in AWARE with attachments.

All sub questions from the previous section (Educational Goal Considerations) must equal "True" or "N/A" to achieve a "P" (Present) for this question.

Reason required when response is "Partially Present" (PP) or "Not Present" (NP).

☐ P

☐ PP: _____ *

☐ NP: _____ *

☐ N/A

Comments:

3) The IPE Date in AWARE is timely and verified by case documentation.*

For Timeliness to be "Present":

- The consumer and the counselor must have signed and dated the Individualized Plan for Employment (IPE), AND
- The signature/start date on the IPE in AWARE is not earlier than the date of the consumer's signature and matches the date the plan was approved and issued, AND
- The IPE signature/start date is within 90 days of the eligibility date, the delayed status end date, or the date in the agreed upon IPE Development Extension.

[See policy \(RSM2 604.02d\); Administrative Instruction 20-02 Electronic Signature](#)

Reason required when response is "Partially Present" (PP) or "Not Present" (NP).

☐ P

☐ PP: _____ *

☐ NP: _____ *

☐ N/A

Comments:

Independent Living Plan Review Specific Questions

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

Plan Development considerations:

- a. Consumer was an active participant in choosing plan goal, services, and service providers, as documented by case note(s). [RSM2 604.03a and b]
- b. There is evidence that the consumer would be successful in the chosen goal
- c. All services on the plan are needed to achieve the goal.
- d. Functional limitations that could impact plan outcome were addressed by services in the plan.
- e. Comparable benefits were considered and documented on the plan (e.g. family contribution, Medicaid).
- f. Service costs were estimated appropriately.
- g. All required signatures, including the consumer, were on the hard copy plan on or prior to signature/start date in AWARE. * If the ILP or ILP Amendment is signed using a Digital Signature, the accompanying Signature Certificate, containing authentication is attached in AWARE.

1) The initial ILP was developed jointly with the consumer, provides adequate detail regarding service costs and delivery, and is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice*

[See Policy \(RSM2, 605\)](#)

Reason required when response is "Partially Present" (PP) or "Not Present" (NP).

☐ P

☐ PP: _____ *

☐ NP: _____ *

Comments:

2) The ILP Date in AWARE is timely and verified by case documentation.*

For Timeliness to be "Present":

- The consumer and the counselor must have signed and dated the **Independent Living Plan (ILP)**, AND
- The signature/start date on the IPE in AWARE is not earlier than the date of the consumer's signature and matches the date the plan was approved and issued, AND
- The **ILP** signature/start date is within 90 days of the eligibility date or the date in the approved **ILP** Development Extension.

[See policy \(RSM2 605.02\)](#)

[Administrative Instruction 20-02 Electronic Signature](#)

Reason required when response is "Partially Present" (PP) or "Not Present" (NP).

() P

() PP: _____ *

() NP: _____ *

Authorization Review Questions

Fee Schedule Use

The Fee Schedule was correctly followed.*

A Fee Exception/Approval Request ([RS-3h](#)) was completed for purchases that exceeded the [established fees](#).

Select "N/A" if Fee Schedule did not apply to service.

Reason required when response is "Partially Present" (PP) or "Not Present" (NP).

☐ P

☐ PP: _____ *

☐ NP: _____ *

☐ N/A

Comments:

Authorization Considerations

ALL SUB-QUESTIONS MUST = TRUE or N/A TO ACHIEVE A "PRESENT" FOR THE ANCHOR QUESTION DIRECTLY BENEATH.

8) Review the authorization fields for accuracy and completion.

a. The authorized service is listed on the IPE/ILP.

b. The correct fund code is used.

c. The description on the authorization clearly indicates the reason the authorization was written.

d. The cumulative cost of the service for which the authorization is issued is under the total estimated cost of the service on the IPE.

Wrap-Up Question

*At the time this authorization was issued, was it appropriate to do so?**

The supervisor's final analysis as to whether the authorization was appropriate should be consistent with responses to previous questions. If "No," briefly summarize, in the required field next to that response, the main reason why it was not appropriate to issue the authorization. The other "Comments" box is optional, and available for general observations and feedback.

☐ Yes

☐ No: _____ *

Comments:

Was it appropriate for this plan to be initiated *when the plan date was entered in AWARE?**

The supervisor's final analysis as to whether it was appropriate to initiate this plan should be consistent with responses to previous questions. If "No," briefly summarize, in the required field next to that response, the main reason why it was inappropriate for this plan to be initiated. The other "Comments" box is optional, and available for general observations and feedback.

☐ Yes

☐ No: _____ *

Comments:

Are you ready to submit your review?*

Note: This is your final opportunity to review your responses prior to submission.

Optional: In the Comments field below, you may enter any general remarks regarding this case that you wish to be recorded

☐ Yes

☐ No

Comments:

Enter your email address to receive a copy of your completed review:*

Enter the counselor's email address to send a copy of this review to the counselor:*

Enter your Regional Director's email address.*

Thank You!

To practice using this review tool [Click here.](#)