

## Case Record Documentation Requirements

Revised 11/18/11

ACTIVITY Program Manual	Documentation Elements	Methodology
FIRST CONTACT REFERRAL PROCESS Application and Transfer to Employment Program	Federal and agency required information	I & R data entered into QE2  Copy of Referral Form in case file if completed
REFERRAL FOLLOW UP	Confirm date, time, and place for Orientation.	Copy of individual's Confirmation Letter/Notice in case file if completed.
ORIENTATION NO-SHOW CANCELLATION, RESCHEDULE VR Orientation	Did individual cancel the scheduled Orientation? Did individual reschedule the Orientation? Did individual no-show?	Complete VR Orientation in the Assessment Services Screen; or if not complete, enter a Task note titled: Orientation.
REFERRALS PREVIOUSLY TERMINATED UNSUCCESSFUL	Summary of discussion should include: What happened in previous case(s)? Reasons for previous unsuccessful termination(s). Actions the previous client has taken to resolve previous issues. Services VR could offer that might help resolve issues and result in successful employment for the individual. Conclusion on whether to proceed or not with the case.	Task note titled: Decision on Referral of Previously Terminated Case.
EMPLOYMENT DISCUSSION Employment Discussion	The Employment Discussion may take more than one session to complete. If using the Summary of Employment Discussion Form, only one form is needed to summarize all the sessions. Provide a copy of the form to the individual if requested once all parts of the Employment Discussion form have been completed. A Task Note summary is required for each Employment Discussion session.  If the individual decided to not apply for services, see Self- Termination Activity.	Copy of Summary of Employment Discussion in case file (optional) or Summary of Employment Discussion Task Note is required. Copy of Application and any applicable release of

		<p>information forms in case file Copy of HELPS Brain Injury Screen Tool in case file.</p>
<p>EXTEND ELIGIBILITY DETERMINATION</p>	<p>Explain how unforeseen circumstances prevented eligibility determination. You have said....Is this what you wanted to say? Has client agreed to the extension?</p> <ul style="list-style-type: none"> <li>• If No, Extension of Eligibility Period stops.</li> <li>• If Yes, ↓↓</li> </ul> <p>Enter the number of days in the Eligibility Time Extension data field in DD format.</p>	<p>QE2Approval Screen-Extend Eligibility</p>
<p>ELIGIBILITY DETERMINATION-ELIGIBLE Eligibility</p>	<p>Do you want to make the client ineligible or eligible? Eligible ↓↓</p> <p>Is the following impairment information correct?</p> <ul style="list-style-type: none"> <li>• If No, the eligibility process will be terminated. Please edit impairments.</li> <li>• If Yes, ↓↓</li> </ul> <p>Is the functional capacity limitation and rating information accurate?</p> <ul style="list-style-type: none"> <li>• If No, the eligibility process will be terminated. Please edit functional capacities.</li> <li>• If Yes, ↓↓</li> </ul> <p>Are you making this client eligible based on their receiving SSDI or SSI? ↓↓</p> <ul style="list-style-type: none"> <li>• If Yes, select a SSI/SSDI Verification Source; then Enter the date on which this client was determined eligible.</li> </ul> <p>→ You have made the following determination. Is this what you want to do?</p> <p>→ If No, the eligibility process will be terminated.</p> <p>→ If Yes, (Eligibility Determination Screen is complete.)</p> <ul style="list-style-type: none"> <li>• If No,</li> </ul> <p>Does (client name) require VR services to prepare for, secure, retain, or regain employment? ↓↓</p> <ul style="list-style-type: none"> <li>• If No, Eligibility Determination stops.</li> <li>• If Yes,</li> </ul> <p>Does (client name) need VR's assistance with planning and coordination of complex services? ↓↓</p> <ul style="list-style-type: none"> <li>• If No, Eligibility Determination stops.</li> <li>• If Yes, please select an Impairment Verification: Written medical/psychological/other information Observable impairment - Describe how the physical impairment is observable.</li> </ul> <ul style="list-style-type: none"> <li>• Is this what you want to say? ↓↓</li> <li>• If No, Eligibility Determination stops.</li> <li>• If Yes,</li> </ul> <p>State the "case specific evidence" as to how this individual's</p>	<p>QE2 Determination Screen-Eligibility Due or Eligibility Overdue File copies of any documentation used to arrive at eligibility decision in case file</p>

impairment(s) results in an impediment to employment.↓  
 You have said.....Is this what you want to say?

- If No, Eligibility Determination stops.
- If Yes, You have made the following determination:  
 Eligible: Waiting for OOS. Is this what you want to do?↓
- If No, Eligibility Determination stops.
- If Yes, Please enter the date on which this client was determined eligible.

PRIORITY GROUP  
 Order of Selection

Will the rehabilitation of (client name) require multiple VR services over a extended period of time?  
 If No, displays functional capacities and the ratings.  
 Based on the functional capacity areas you have rated and your determination the individual does not require multiple services over an extended period of time, this individual meets the criteria for an Individual with a Disability. Is this what you want to do?  
 If Yes, Summarize your analysis and synthesis of the factors you considered in your rating and determination and enter the date on which the client's priority was determined. (Priority Group 3)

Will the rehabilitation of (client name) require multiple VR services over a extended period of time?  
 If yes and there are not functional capacity areas rated Low or Very Low, displays functional capacities and the ratings.  
 Based on the functional capacity areas you have rated and your determination the individual does require multiple services over an extended period of time, this individual meets the criteria for an Individual with a Disability. Is this what you want to do?  
 If Yes, Summarize your analysis and synthesis of the factors you considered in your rating and determination and enter the date on which the client's priority was determined. (Priority Group 3)

Will the rehabilitation of (client name) require multiple VR services over a extended period of time?  
 If yes and there is at least one functional capacity area rated Low or Very Low, displays functional capacities and the ratings.  
 Is the functional capacity limitation and ratings information accurate?  
 (Requires at least one functional area rated low, or very low.)  
 If no, priority determination process will terminate.  
 If Yes, and the highest rating for any functional area is low, Based on the functional capacity areas you have rated and your determination of whether the individual requires VR services, this individual meets the criteria for an Individual with a Significant Disability

QE2 Determination  
 Screen–Eligibility  
 Due or  
 Eligibility Overdue  
 QUEST Approval  
 Screen–  
 Assign Priority  
 (To change priority  
 from 3  
 to 2 or 1, or 2 to 1)

<p>ELIGIBILITY DETERMINATION- INELIGIBILITY Ineligible</p>	<p>Do you want to make the individual eligible or ineligible?  Ineligible ↓  Is the following impairment information correct?  • If No, the eligibility process will be terminated. Please edit impairments.  • If Yes, ↓  Is the functional capacity limitation and rating information accurate?  • If No, the eligibility process will be terminated. Please edit functional capacities.  • If Yes, ↓  Does (client name) have a physical or mental impairment? (Appears only if no impairment is listed.)  • If No, Ineligible: No impairment. Explain why you decided that the client does not have a physical or mental impairment.  • If Yes, ↓  Does the impairment cause or result in a substantial impediment to employment?  • If No, Ineligible: No impediment. Explain why you decided that the client's physical or mental impairment does not: (1) prevent him or her from working; or (2) significantly restrict him or her in the condition, manner, or duration under which he or she can work; or (3) significantly restrict him or her in his or her ability to perform either a class of jobs or a broad range of jobs in various classes.</p> <p>QE2 Determination Screen-Eligibility Due or Eligibility Overdue Copy of Office Directors Letter in case file</p>

(Priority Group 3).  
If Yes, and only one functional area has a rating of very low,  
Based on the functional capacity areas you have rated and your determination of whether the individual requires VR services, this individual meets the criteria for an Individual with a Significant Disability (Priority Group 2).  
If Yes, and two or more functional areas have a rating of very low,  
Based on the functional capacity areas you have rated and your determination of whether the individual requires VR services, this individual meets the criteria for an Individual with a Most Significant Disability (Priority Group 1).  
Summarize your analysis of the factors you considered in your rating of the functional capacities.  
Note: If individual is receiving social security benefits but has no functional areas rated a very low, the following message will post.  
PRIORITY PROCESS TERMINATED: In order to determine priority for someone receiving social security benefits they must have at least one functional limitation rated "very low". The priority determination process will terminate.

- If Yes, ↓  
Can the individual benefit in terms of an employment outcome from the provision of VR Services?
- If No, Ineligible: Employment outcome not expected. Explain how this was determined through trial work experiences.
- If Yes, ↓  
Does (client name) need specialized services and supports?
- If No, Ineligible: Does not require services from VR. Explain why you decided that the client does not require an individually planned and coordinated program of specific VR services to prepare for, secure, retain, or regain a job consistent with his or her unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
- If Yes, ↓  
Does (client name) need planning and coordination of complex services?
- If No, Explain why you decided that the client does not require an individually planned and coordinated program of specific VR services to prepare for, secure, retain or regain a job consistent with his or her unique strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice.
- If Yes,  
(Client name) was not determined ineligible. Please start over.

30 DAY CONTACT

Every 30 days, there should be contact with the client documented in the QE2 record or case file.

What is a Contact? A contact is an actual interaction with the client (face-to-face, phone call, e-mail with reply, or letter with reply). The contact must provide an indication of what is/has occurred in the case within the previous 30 days as far as planning/initiating services, progress/lack of progress in a service, and/or completion/termination of a service.

If there has been a disruption, delay or lack of participation in services, the contact documentation should identify the corrective action to be taken in the next 90 days.

Contact documentation may be any of the following:

- Task note
- Copy of Next Steps in case file
- Copy of Action Planner in case file
- QE2 Determination-IPE Approval
- QE2 Determination-IPE Amended
- QE2 Determination-Annual Review
- Copy of client e-mail reply in case file
- Copy of client

		letter reply in case file
BENEFITS ORIENTATION Social Security Benefits Orientation and Analysis	<p>Obtain BPQY from SSA Conduct Benefits Orientation with client.</p> <p>a. Description of the type of Social Security benefits the client receives.</p> <p>b. Amount of unearned income the client receives from these benefits.</p> <p>c. Number of Trial Work Period [TWP] months the client has used to date and the number of months available.</p> <p>d. Start and end date for the Extended Period of Eligibility [EPE] if applicable.</p> <p>e. Next Continuing Disability Review [CDR] date.</p> <p>f. Types of assistance the client receives and amounts received. [i.e. TANF, food stamps, HUD, energy assistance, etc.]</p> <p>g. A general statement about how earning at the Federal Benefit Rate [FBR], Substantial Gainful Activity [SGA] rate, or a rate the client finds helpful in understanding how work would affect their benefits. This provides a frame of reference in the plan development process for the client to make informed decisions about a job goal and hours to work.</p>	<p>Task Note–Benefits Orientation</p> <p>Copy of BPQY in case file</p> <p>Copy of SSA 3288/Earnings and SSA 3288/General in case file</p> <p>Enter or Verify SSA Information on QE2 Household Income and Services and Benefits Screens is accurate</p>
VOCATIONAL ASSESSMENT	<p>Report Headings</p> <ul style="list-style-type: none"> <li>• Presenting Information</li> <li>• Interest</li> <li>• Assessment Results</li> <li>• Career Exploration</li> <li>• Work/Behaviors/Observations</li> <li>• Vocational Strengths</li> <li>• Vocational Barriers</li> <li>• Summary and Recommendations</li> <li>• Recommended VR and Community Services</li> </ul> <p>The type of assessment conducted will determine which sections of the report will have summary information.</p>	<p>Completed Vocational Evaluation Report in QE2 in Vocational Evaluation Tab.</p> <p>Document the completion of Vocational Assessment in a Task Note. (Example: Vocational Assessment completed 01/15/13)</p>
CAREER PLANNING TO DEVELOP IPE Individualized Plan For Employment	<p>Insuring that the job goal selected is consistent with the client’s unique strengths, resources, priorities, concerns, abilities, capabilities, interests and provides for informed choice.</p> <p>Review “Summary of Employment Discussion”Form or Summary of Employment Discussion Task Note, Employment Readiness Factors with the consumer.</p>	<p>Copy of Career Planning Information Form QE2 IPE Data Entry Screen</p>
IPE APPROVAL Individualized Plan for	<p>If IPE is approved 91 days or more after Eligibility Decision explain why the time required for IPE Approval has</p>	<p>QE2 Determination Screen–IPE</p>

<p>Employment</p>	<p>exceeded 90 days.  Will employment opportunities in the goal be available to the consumer in the labor market, or a labor market to which the client is willing to relocate? ↓</p> <ul style="list-style-type: none"> <li>• If No, IPE Approval stops.</li> <li>• If Yes,</li> </ul> <p>Will employment in the employment goal be consistent with the client's strengths, priorities, concerns, resources, abilities, capabilities, interests, and choices? ↓</p> <ul style="list-style-type: none"> <li>• If No, IPE Approval stops.</li> <li>• If Yes,</li> </ul> <p>Will employment in the employment goal provide earnings and benefits adequate to meet the client's needs?  ↓</p> <ul style="list-style-type: none"> <li>• If No, IPE Approval stops.</li> <li>• If Yes,</li> </ul> <p>Are planned services necessary and adequate to enable the client to meet requirements for employment in the goal? ↓</p> <ul style="list-style-type: none"> <li>• If No, IPE Approval stops.</li> <li>• If Yes,</li> </ul> <p>Are planned services available to the client in local community or community to which the consumer is willing to relocate? ↓</p> <ul style="list-style-type: none"> <li>• If No, IPE Approval stops.</li> <li>• If Yes,</li> </ul> <p>Explain why you decided that the proposed IPE will result in employment in the stated job goal.  Please enter the IPE Approval date. (Date Rehab Specialist signed IPE)</p>	<p>Approval  Copy of signed and dated IPE to include the IPE Job Goal, IPE VR Provided Services, IPE Community Services, and IPE Supports forms placed in case file.</p>
<p>PROVIDING A NEW TEAM AND/OR COMMUNITY SERVICE AND</p>	<p>Explain why the new service[s] are necessary and adequate to enable the client to meet requirements for employment in their job goal.</p>	<p>Task note titled: New Team, Community and/or Support Service</p>
<p>IPE AMENDMENT APPROVAL/DISAPPROVAL JOB GOAL CHANGE IPE Amendment</p>	<p>When selecting "Change Job Goal" from the Amendments Menu:  Will employment opportunities in the new goal be available to the consumer in the labor market, or a labor market to which the client is willing to relocate? ↓</p> <ul style="list-style-type: none"> <li>• If No, Approval stops.</li> <li>• If Yes,</li> </ul> <p>Will employment in the new employment goal be consistent with the client's strengths, priorities, concerns, resources, abilities, capabilities, interests, and choices? ↓</p> <ul style="list-style-type: none"> <li>• If No, Approval stops.</li> <li>• If Yes,</li> </ul> <p>Will employment in the new employment goal provide earnings and benefits adequate to meet the client's needs? ↓</p>	<p>QE2 Approval Screen– Amend Plan  Copy of Make Sure This Job is Right for You from in case file  Copy of signed and dated IPE to include the IPE Job Goal, IPE VR Provided Services, IPE</p>

	<ul style="list-style-type: none"> <li>• If No, Approval stops.</li> <li>• If Yes,</li> </ul> <p>Explain why you decided to approve this change to the IPE. Has the client (or representative) agreed by signature to this change? ↓↓</p> <ul style="list-style-type: none"> <li>• If No, Approval stops.</li> <li>• If Yes,</li> </ul> <p>Please enter the date the client agreed to change. (Date Rehab Specialist signed amended IPE)</p>	<p>Community Services, and IPE Supports forms placed in case file.</p>
<p>IPE AMENDMENT – TERMINATION OF AN APPROVED TEAM/COMMUNITY SERVICE (S) IPE Amendment</p>	<p>When selecting any of the following from the Amendments Menu:</p> <ul style="list-style-type: none"> <li>• Change Team Service to “Terminated by VR”.</li> <li>• Change Community Service to “Terminated by VR”.</li> <li>• Change Community Service to “Terminated by Provider”.</li> </ul> <p>Explain why you decided to approve this change to the IPE. Please enter the date the client agreed to change. (Date Rehab Specialist signed amended IPE)</p>	<p>QE2 Approval Screen– Amend Plan. Copy of signed and dated IPE Amendment Termination of Service form in case file</p>
<p>ANNUAL REVIEW Annual Review</p>	<p>Did the client or a representative take part in the review? ↓↓</p> <ul style="list-style-type: none"> <li>• If No, Annual Review stops.</li> <li>• If Yes,</li> </ul> <p>How did the client or representative take part in the review? ↓↓</p> <p>During the past year, did the consumer make satisfactory progress toward achieving the IPE job goal? Explain why you decided that progress toward achieving the IPE job goal is not satisfactory. Describe the corrective action(s) that will be taken to correct the problem(s)?</p> <ul style="list-style-type: none"> <li>• If Yes,</li> </ul> <p>Explain why you decided that progress toward achieving the IPE job goal is satisfactory.</p> <ul style="list-style-type: none"> <li>• If No,</li> </ul> <p>Explain why you decided that progress towards achieving the IPE job goal is not satisfactory. Describe the corrective action(s) that will be taken to correct the problem(s)</p> <p>Did you and the client (or representative) agree to make any changes to the IPE job goal, action steps or services?</p> <ul style="list-style-type: none"> <li>• If Yes,</li> </ul> <p>Explain the reasons for any changes to the IPE job goal, action steps, or services agreed to by you and the client or representative.</p> <p>Enter the date the Annual Review was approved. Select the Service Specialist/VR Specialist who is work with this client.</p> <ul style="list-style-type: none"> <li>• If Yes,</li> </ul> <p>Click Save Annual Review button.</p>	<p>QE2Determination Screen–Annual Review</p>

<p><b>BENEFITS ANALYSIS</b> Social Security Benefits Orientation and Analysis</p>	<p>Prior to placement services determine if the client should be referred to Easter Seals for a Benefits Analysis. Do not refer the client if:</p> <ol style="list-style-type: none"> <li>a. The client's job goal, number of hours to be worked, and wages earned will not affect his/her Social Security benefit package.</li> <li>b. The client understands the impact that his/her employment will have on other benefits such as food stamps, rent assistance, or energy assistance, and decides to proceed with employment.</li> </ol> <p>Document the decision in a task note entitled Benefits Analysis.</p> <p>Do refer the client to Easter Seals for a Benefits Analysis when the decision reached by the client will affect, or has the potential to affect his/her:</p> <ol style="list-style-type: none"> <li>a. Unearned income from SSI, or</li> <li>b. Trial Work Period months, or</li> <li>c. Extended Period of Eligibility, or</li> <li>d. Continuing medical coverage for SSDI, or</li> <li>e. The client expresses an interest in pursuing self-employment.</li> </ol> <p>If referred, complete and forward to Easter Seals the following;</p> <ol style="list-style-type: none"> <li>a. ESN/NWII Benefit Analysis Referral Form</li> <li>b. ESN/SSA 3288 Consent for Release of Information/General</li> <li>c. ESN/SSA 3288 Consent for Release of Information/Earnings</li> <li>d. ESN/DHSS Release of Information Form</li> </ol> <p>Document the results of the Benefits Analysis conducted by Easter Seals.</p> <ol style="list-style-type: none"> <li>a. Maximum number of hours the client can work and the maximum earnings he/she can make to implement the strategy he/she has selected.</li> <li>b. List of work incentives applicable to the client.</li> <li>c. Comparison of work incentive strategies considered by the client to include financial comparisons.</li> <li>d. List of the work incentives selected by the client as a part of their strategy to return to work.</li> <li>e. Explanation of reporting requirements to SSA, HHS, HUD, or any other resource the client receives assistance from to include who will be responsible for this occurring.</li> <li>f. List of any record keeping tools to be used by the client and a description of who will provide the training to the client or their representative so they are used correctly.</li> </ol>	<p>Task Note: Not referred for Benefits Analysis</p> <p>Task Note: Referred for Benefits Analysis</p> <p>Task Note: Benefits Analysis Summary</p> <p>Copies placed in the case file. ESN/NWII B A Referral Form ESN/SSA 3288 General ESN/SSA 3288 Earnings ESN/DHSS Release Form</p>
<p><b>PLACEMENT</b> Employment Services</p>	<p>What is the placement strategy as it relates to:</p> <ul style="list-style-type: none"> <li>• Potential Employment Issues?</li> </ul>	<p>Copy of Job Search Agreement form in</p>

<ul style="list-style-type: none"> <li>• Job Seeking Skills?</li> <li>• Potential Employers?</li> <li>• Job Search Plan?</li> <li>• Contact Schedule?</li> </ul> <p>What was the result of the weekly client contact?  Job leads are to be current and related to each client’s job goal. If job leads are provided that do not match with the job goal there should be documentation explaining the rational for the additional leads.  What was the result of the 90 day review of Job Search Agreement?</p>	<p>case file  Documented by any of the following:</p> <ul style="list-style-type: none"> <li>• Task note titled: Job Search</li> <li>• Copy of Next Steps form in case file</li> <li>• Copy of Action Planner in case file</li> <li>• Copy of client e-mail reply in case file</li> <li>• Copy of client letter reply in case file</li> <li>• Copy of Weekly Job Search Record in case file</li> </ul> <p>Documentation in Task Notes  Task note titled: Review of Job Search Agreement</p>
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<p>PLACEMENT  EMPLOYMENT  FOLLOWUP  Employment Services</p>	<p>When appropriate, was the Work Opportunity Task Credit offered to the Employer?  For each of the 2 client contacts required during the first 30 days of employment, assess their progress on the job. For any job retention issues, describe what strategies will be implemented.  Prior to the 60th day of employment, was a congratulatory letter sent to the client?  For the required 60 day client contact, assess their progress on the job. For any job retention issues, describe what strategies will be implemented.  For the 90 day client contact, assess their progress on the job. For any job retention issues, describe what strategies will be implemented.  For the client approved employer contact, assess the employer’s impression of the client’s progress on the job. For any job retention issues identified, describe what strategies will be implemented.</p>	<p>Documented by any of the following:</p> <ul style="list-style-type: none"> <li>• Task note titled: Employment Follow up</li> <li>• Copy of Next Steps Form in case file</li> <li>• Copy of Action Planner in case file</li> <li>• Copy of client e-mail reply in case file</li> <li>• Copy of client letter reply in case file</li> <li>• Copy of</li> </ul>
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		Congratulatory Letter in case file
<p>IPE AMENDMENT CONSUMER TAKES A JOB THAT IS DIFFERENT THAN THE JOB GOAL ON THE IPE IPE Amendments</p>	<p>Has the client agreed to this job goal amendment?</p> <ul style="list-style-type: none"> <li>• If No within the 90 days of employment follow up, approval stops.</li> <li>• If No after the 90 days of employment follow up, or</li> <li>• If Yes before 90 days of employment follow up, ↓</li> </ul> <p>Change job goal to the SOC major group that includes the SOC code of the job in the employment record. ↓</p> <p>Will employment opportunities in the new goal be available to the client in the labor market, or a labor market to which the client is willing to relocate? ↓</p> <ul style="list-style-type: none"> <li>• If No, Approval stops.</li> <li>• If Yes,</li> </ul> <p>Will employment in the new employment goal be consistent with the client’s strengths, priorities, concerns, resources, abilities, capabilities, interests, and choices? ↓</p> <ul style="list-style-type: none"> <li>• If No, Approval stops.</li> <li>• If Yes,</li> </ul> <p>Will employment in the new employment goal provide earnings and benefits adequate to meet the client’s needs? ↓</p> <ul style="list-style-type: none"> <li>• If No, Approval stops.</li> <li>• If Yes,</li> </ul> <p>Explain why you decided to approve this change to the IPE. Was the amendment agreed by (consumer) signature?</p> <ul style="list-style-type: none"> <li>• If No, ↓</li> </ul> <p>Please describe your attempts to get a plan amendment signed for the job goal at outcome. In most cases, you cannot amend the IPE unless the client or representative has agreed to the change. Be sure you have made determined attempts to get the plan amendment signed.</p> <p>Enter the date you decided to amend the plan without the client’s signature. (Date Rehab Specialist signed amended IPE)</p> <p>Approve amendment</p> <ul style="list-style-type: none"> <li>• If Yes ↓</li> </ul> <p>Enter the date the client agreed to the change. (Date Rehab Specialist signed amended IPE)</p>	<p>QE2 Determination Screen–Amend IPE for Outcome Copy of signed and dated IPE – Amendment of Job Goal at Outcome.</p>
<p>EMPLOYMENT OUTCOME Successful Employment Outcomes</p>	<p>Verify and update all of the income types listed on the household income screen.</p> <p>Verify and update the employment record.</p> <p>Did IPE services contribute to achieving the employment outcome? ↓</p> <ul style="list-style-type: none"> <li>• If No, Employment Outcome stops.</li> <li>• If Yes,</li> </ul> <p>Explain how the services provided by VR contributed to the client’s employment outcome.</p> <p>Is the employment consistent with the client’s strengths,</p>	<p>QE2–Household Income Screen QE2–If Supported Employment Outcome, update Services and Benefits Screen with Extended Support</p>

	<p>priorities, concerns, abilities, capabilities, concerns, and choices? ↓</p> <ul style="list-style-type: none"> <li>• If No, Employment Outcome stops.</li> <li>• If Yes,</li> </ul> <p>Does client agree that both the employment and job performance are satisfactory? ↓</p> <ul style="list-style-type: none"> <li>• If No, Employment Outcome stops.</li> <li>• If Yes,</li> </ul> <p>Is the individual's wage and level of benefits less than customarily paid by the employer for the same or similar work performed by non-disabled individuals? ↓</p> <ul style="list-style-type: none"> <li>• If Yes, Employment Outcome stops.</li> <li>• If No,</li> </ul> <p>You have decided that (client name) has achieved the employment goal. Is this what you want to do? ↓</p> <ul style="list-style-type: none"> <li>• If No, Employment Outcome stops.</li> <li>• If Yes, and confirmed</li> </ul> <p>Please select the appropriate employment outcome for (client name).</p> <p>Explain why you decided that the client has stabilized on a job consistent with his or her strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.</p> <p>Confirm employer, hours, weekly earnings, and benefits.</p> <ul style="list-style-type: none"> <li>• If Confirmed, Approve (VR Specialist or Office Director can approve.)</li> <li>• If Not Confirmed, Employment Outcome stops.</li> </ul>	<p>provider name and phone number.</p> <p>QE2 Determination Screen– Employment Outcome Copy in case record of Successful Employment Outcome Letter.</p>
<p>SELF TERMINATION Termination</p>	<p>What was the stated reason if the client Self-Terminated?</p> <p>Turned down waiting list placement</p> <p>Turn down offer of plan, service or assistance</p> <p>Did not maintain contact</p> <p>Discontinued service participation</p> <p>Moved, no forwarding address</p> <p>Other reasons (Specify in Task note)</p> <p>Summarize the events related to the client's self termination decision.</p>	<p>Task note titled: Self Termination Copy in case record of Termination Letter, or 15 Day Letter if used. Not required if client has moved with no forwarding address.</p>
<p>VR TERMINATION Termination</p>	<p>What was the stated reason for the VR Termination?</p> <p>Entered post-secondary training</p> <p>Referred to another agency</p> <p>Died</p> <p>Not available for services</p> <p>Need services and supports not available</p> <p>Needed transportation not available</p> <p>Other reasons (Specify in Task note)</p> <p>Referred to workforce investment</p>	<p>Task note titled: VR Termination Copy in case record of Termination Letter, or 15 Day Letter if used. Not</p>

	Summarize the events related to your termination decision.	required if client died.
SUCCESSFUL EMPLOYMENT MONITORING	<p>Have you been in contact with the client? (Conducted by Easter Seals of NE) ↓</p> <ul style="list-style-type: none"> <li>• If No, Explain your attempts to contact the client to provide follow-up services. (Monitoring completed)</li> <li>• If Yes, Is the client still stably employed on his or her job? ↓</li> <li>• If No, Please update the client's employment record. Then take appropriate action. Begin the Monitoring Determination process again. Please enter the reason the client ended employment. Please enter any additional information gathered during the follow up contact. (Monitoring completed)</li> <li>• If Yes, Is (client name) still working for (business name)? ↓</li> <li>• If Yes, Is (client name) still working (##) hours per and earnings (\$#.##) per week? ↓</li> <li>• If No, Please update the client's employment record and then begin the determination process again.</li> <li>• If Yes, Is (client name) still receiving the following benefits? ↓</li> <li>• If No, Please update the client's employment record and then begin the determination process again.</li> <li>• If yes, Please enter any additional information gathered during the follow up contact. (Monitoring completed)</li> </ul>	QE2 Determination Screen- EW 90 Day Follow-up EW 180 Day Follow-up EW 1 Year Follow-up
VR TERMINATION FROM SUCCESSFUL EMPLOYMENT MONITORING AT THE END OF 3 YEAR MONITORING PERIOD	<p>QUEST will automatically complete the 3 Year Monitoring Termination.</p> <p>No contact or notification with the client is required.</p> <p>No case file documentation is required.</p>	None
IPE-POST EMPLOYMENT SERVICES	Documentation Element language to be added once Post Employment Services and Process is defined and implemented.	
DEALING WITH CLIENT NO SHOW(S)/CANCELLED APPOINTMENT(S)	<p>Staff should discuss with the client at their next appointment:</p> <p>Reason why the client did not show or cancelled their appointment.</p> <p>Will the reason affect future VR services?</p> <p>Are services needed to rectify the situation; and if so, what are they?</p>	<p>Task note entry titled:</p> <p>Dealing with No Show(s),</p> <p>or</p> <p>Dealing with Cancelled</p>

	How will client demonstrate his/her agreed upon responsibility (i.e. showing up for future appointments)?	Appointment(s).
FEE SCHEDULE EXCEPTION REQUEST	<p>The documentation should provide a thorough explanation of your responses to the following questions.</p> <p>Are the goods and/or services being requested necessary for the client to achieve their vocational objective?</p> <p>Have we considered other options to addressing the client's needs? For example, rather than purchasing a piece of adaptive equipment so the client can perform a particular task on their own, is it reasonable and feasible for a family member to do the task; or would it be more cost effective to hire a particular task done?</p> <p>If there are several options to addressing the client's need have we ensured the selected goods and/or services are the least cost options?</p> <p>Have we completed a thorough search for comparable services and benefits to offset a part or all of the costs? For example, if the client is a Social Security beneficiary and /or recipient have we explored whether an Impairment Related Work Expense [IRWE] or Plan for Achieving Self Support [PASS] might be possible to offset a part or all of the costs? Applicants for and recipients of services must apply for and accept any existing comparable services or benefits.</p> <p>Has the client sought out and are they using all financing available from grants, loans, personal or family resources, and other resources, to offset a part or all of the costs for necessary goods and/or services?</p> <p>Can the client afford to maintain, repair and replace the goods being requested?</p>	Task note entry titled: Request for Exception
FEE SCHEDULE EXCEPTION DECISION	Office Director or appropriate Program Director, documents their decision to make or not make an exception to the request to exceed a Fee Schedule.	Task note titled: Exception Decision
POST-SECONDARY CLASSES- ASSESSMENT SERVICE Using Post Secondary Classes as an Assessment Service	<p>Why are post secondary classes needed as an assessment? What is specifically being assessed? What will be the method(s) of collecting the assessment data and results criteria? What is the assessment site, number of credit hours, the course selection (type of courses, class schedule, time of day); and assessment supports needed, if any? Which rate (Training Allowance or Miscellaneous Training) is being used to fund the assessment?</p>	Task note titled: Post- Secondary Assessment Service
POST-SECONDARY TRAINING-CORRECTIVE ACTION FOR MAINTAINING PROGRESS	<p>What is the lack of progress in question? (GPA, credit hours, etc.) What is the corrective action plan developed with the client? How will the corrective action plan be monitored? What supports for the corrective action are available at the school?</p>	Task note titled: Post- Secondary Corrective Action Plan

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