

**SURVEY OF VOCATIONAL REHABILITATION AGENCY
PRACTICES IN COOPERATIVE ARRANGEMENTS
AND QUALITY ASSURANCE**

OMB NUMBER--TO BE ADDED

EXPIRES--DATE TO BE ADDED

Paperwork Burden Statement

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1820-xxxx**. The time required to complete this information collection is estimated to average **90 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4537.*

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Steve Zwillinger, OSERS, U.S. Department of Education, 400 Maryland Avenue, S.W., PCP/ 5066, Washington, D.C. 20202-2800.

The Rehabilitation Services Administration (RSA) is supporting a 24-month study called *Targeted Evaluations of State Vocational Rehabilitation Agency Practices*, conducted by RTI International and InfoUse to collect information about vocational rehabilitation (VR) agency practices in three areas. The three topics to be addressed include state agencies' use of:

- **Quality assurance (QA) procedures** used by VR agencies to ensure that they deliver quality services in accordance with established policies and procedures. Quality assurance may include case file reviews, staff training, use of data from case management systems, input from staff and consumers, performance measurement systems, strategic planning initiatives, performance-based budgeting systems, and a variety of other procedures.
- **Third-party cooperative arrangements** through which state agencies enter partnerships involving funds transfers whose intent is to deliver specialized rehabilitation services to target groups, such as transitional youth or individuals with severe and persistent mental illness.
- **State-operated Comprehensive Rehabilitation Centers (CRCs)**, which provide coordinated programs of vocational and medical rehabilitation to VR consumers in eight states.

The study will allow analysts to examine the effects of these practices on VR program outcomes and consumers served, and provide information to RSA that may be useful in its efforts to assist state agencies in ensuring effective and efficient delivery of VR services. The study will also identify promising practices, which could be adopted by other Centers and/or VR agencies.

As one component of the study, RTI/InfoUse is fielding a survey of state VR agencies to examine current practices in two of the three areas under investigation: use of third-party cooperative arrangements and quality assurance procedures in place in VR agencies. We are requesting that your VR agency's staff complete this survey in order to provide information that may be useful to RSA in fulfilling its technical assistance and other management responsibilities.

The survey contains two sections, as follows:

SECTION A: USE OF COOPERATIVE ARRANGEMENTS TO MEET MATCHING REQUIREMENTS

The purpose of Section A is to obtain information on VR agencies' use of cooperative arrangements in order to meet federal match requirements. In addition to information on the sources and amounts of funds used for match, this section requests information on the nature and implementation of cooperative arrangements used for matching purposes. The section requests information on the following topics:

1. Sources of VR agency's match for the 110 Program
2. Issues regarding availability of state-appropriated funds
3. Number and types of partner agencies
4. Waivers of statewideness
5. Administrative location of programs funded under cooperative arrangements
6. Monitoring and oversight of cooperative programs
7. Purposes and perspectives regarding cooperative programs

8. Characteristics of, and services provided to, consumers who participate in cooperative programs
9. Outcomes
10. Order of Selection

Agencies whose percentage of match from cooperative arrangements is 10 percent or more of their total match will complete all of Section A.

Agencies whose percentage of match from cooperative arrangements is less than 10 but greater than 0 will complete only the following questions in Section A, then skip to Section B: Questions 2, 3, 24, 25, 28, and 33-38.

Agencies whose percentage of match from cooperative arrangements is 0 will complete only Question 1 in Section A, then skip to Section B.

SECTION B: QUALITY ASSURANCE ACTIVITIES

Section B of the survey focuses on a range of quality assurance (QA) activities and systems that agencies may use to support continuous improvement of their services. Section B asks (1) how QA activities have affected your agency's performance on measures or indicators used to monitor performance and compliance with applicable laws, policies, and procedures; (2) what QA activities your agency has found to be effective and ineffective; and (3) whether your agency has implemented any QA activities that you consider innovative or exemplary. Specific topics in this section include:

1. Case file reviews
2. Case management systems
3. Strategic planning and performance measurement
4. Program evaluation and special studies
5. Personnel assignments, training, and performance evaluation
6. Management and monitoring of vendor (VR service provider) contracts
7. Input from consumers and other customers
8. Effects of QA activities and promising practices

Specific instructions and definitions appear throughout the survey.

We are requesting that you complete the questionnaire, which is in Word format, and **return it to RTI by (date)**. We suggest that you download the file, rename it, and print out a copy to review before entering your responses in the Word document.

Please send the completed questionnaire electronically to VRPRACTICES@RTI.ORG. Alternatively, you may print the form and mail it to Barbara Elliott, RTI International, 179 Johnson Bldg., PO Box 12194, RTP, NC 27709. Please retain a copy for your records.

When submitting your questionnaire electronically, please include requested attachments in the same message if they are available electronically. If attachments are not available electronically, please submit them separately by mail. Agencies submitting their questionnaire by mail should include attachments in the same package.

If you have any questions about the survey, or exactly what information it requires, please do not hesitate to call Barbara Elliott, Project Director, at 919/541-6313 (8:30 a.m. to 5:00 p.m. Eastern time). Thank you for your assistance.

SECTION A: USE OF COOPERATIVE ARRANGEMENTS TO MEET MATCHING REQUIREMENTS

The purpose of Section A is to obtain information on VR agencies' use of cooperative arrangements in order to meet federal match requirements. In addition to information on the sources and amounts of funds used for match, this section requests information on the nature and implementation of cooperative arrangements used for matching purposes.

Complete Question 1 to describe your agency's sources of matching funds for fiscal year (FY) 2007.

If the percentage of match from cooperative arrangements represents at least 10 percent of the total as indicated in Question 1, complete the remainder of Section A.

If the percentage of match from cooperative arrangements is less than 10 but greater than 0, complete only the following questions in Section A, then skip to Section B: Questions 2, 3, 24, 25, 28, and 33-38.

If the percentage of match from cooperative arrangements is 0, complete only Question 1 in Section A and then skip to Section B.

Your responses to the remainder of Section A should refer only to programs funded through cooperative arrangements used for matching purposes.

DEFINITIONS OF CATEGORIES OF MATCHING FUNDS

Source: Rehabilitation Services Administration

Political Subdivisions: These are funds transferred from a political subdivision (such as a city or county) for the discretionary use of the VR agency in order to provide services to the political subdivision's VR eligible population, usually its employees. (Do not include in this category transfers of funds from other state agencies.)

Transfers from Other State Agencies: In general, these are agreements where a state agency provides matching funds to the VR agency for serving VR-eligible consumers from the other state agency. The agreement may require the VR agency to dedicate counselors to serving the other state agency's consumers, or include other such requirements, but under no condition will the other agency provide VR services to VR consumers.

These agreements are not to be confused with third-party cooperative arrangements where another state agency or a local public agency is providing or administering VR services to the VR agency's consumers.

If the transfer of matching funds is through a third-party cooperative arrangement (as described below), report those funds under third-party cooperative arrangements, not as transfers from other state agencies.

Cooperative Arrangements: Section 34CFR 361.28 is the best reference for an explanation of what constitutes cooperative arrangements wherein a VR agency enters into an arrangement with another state agency or a local public agency that is furnishing part or all of the non-federal share of matching funds in exchange for providing VR services to applicants for, or recipients of, services from the state VR agency under the VR program.

The services provided by the cooperating agency must be new services (to the agency) that have a vocational rehabilitation focus or existing services that have been modified, adapted, expanded, or reconfigured to have a vocational rehabilitation focus. The services provided by the cooperating agency are only available to applicants for, or recipients of, services from the VR agency. The expenditures for, and staff providing, services under the cooperative arrangement are under the administrative supervision of the VR agency and all state plan requirements, including a state's Order of Selection, apply to all services provided under the cooperative arrangement.

If the cooperative arrangement does not comply with the requirements of 34 CFR 361.25 related to statewideness, then a waiver of statewideness must be obtained in accordance with 34CFR 361.26.

Matching Funds for Establishment Projects: The regulatory requirements for establishment projects providing VR services for groups of individuals with disabilities are found in section 34 CFR 361.49. They entail "the establishment, development, or improvement of a public or other nonprofit community rehabilitation program that is used to provide vocational rehabilitation services that promote integration and competitive employment, including, under special circumstances, the construction of a facility for a public or nonprofit community rehabilitation program." The match rate for establishment projects is 21.3%; the match rate for construction projects is 50%.

Section 34 CFR 361.5(b)(17)(ii) describes how federal financial participation is available at the applicable matching rate for levels of staff costs that gradually decline over a maximum period of four years.

Section 34 CFR 361.60 (b)(3)(i) provides the authority for using contributions from private entities to establish community rehabilitation programs or construct a facility for community rehabilitation program purposes.

Gifts and bequests: These are discussed under 34 CFR 361.60 (b)(3) - Contributions by private entities. The main caveat with these funds is that they must not benefit the donor in any way. See 34 CFR 361.60 (b)(3)(iii).

Randolph Sheppard Set-Aside: This matching source comes from the expenditures made by "set-aside" funds of the Randolph Sheppard program (34CFR395.9) for which federal financial participation under the Basic Support Program is allowed: management services, initial stocks and supplies, operational costs during the initial establishment period not to exceed 6 months, as well as the purchase and repair of equipment.

Surface Transportation Act Funds: These are funds collected by state VR agencies administering the Randolph Sheppard program from vending machines in rest areas on the interstate highway system.

State-Appropriated Funds: These are funds allocated to the state VR agency by state appropriation. For some state VR agencies this is the only source of matching funds and nationwide this represents the biggest source of matching funds. This includes any expenditures of state funds made on behalf of the state VR agency from a central account maintained by the state's Department of Treasury for the purpose of paying expenses common to all state agencies, such as fringe benefits, indirect costs, etc.

Section B: Quality Assurance Activities

Section B of the survey focuses on a range of quality assurance (QA) activities and systems that agencies may use to support continuous, or ongoing, improvement of their services. The activities may include, but are not limited to:

- Case file reviews
- Case management systems
- Strategic planning and performance measurement
- Program evaluation and special studies
- Personnel assignments, training, and performance evaluation
- Management and monitoring of vendor (VR service provider) contracts
- Input from consumers and other customers
- Effects of QA activities and promising practices

Section B also asks (1) how QA activities have affected your agency's performance on measures or indicators used to monitor performance and compliance with applicable laws, policies, and procedures; (2) what QA activities your agency has found to be effective and ineffective; and (3) whether your agency has implemented any QA activities that you consider innovative or exemplary.

**SECTION A: USE OF COOPERATIVE ARRANGEMENTS
TO MEET MATCHING REQUIREMENTS**

SOURCES OF AGENCY MATCH FOR 110 PROGRAM

1. Please complete the following table regarding your agency's match sources for FY 2007. Definitions of each source of match are in the instructions. Enter whole numbers with no dollar signs or commas.

Source of match	Amount	Number of arrangements/ projects
a. Political subdivisions		
b. Transfers from other state agencies		
c. Cooperative arrangements		
d. Matching funds for establishment projects		
e. Gifts and bequests		
f. Randolph Sheppard set-aside		
g. Surface Transportation Act Funds		
h. State appropriated funds		

The total of your matching funds from all sources, automatically calculated, is shown below.

\$0

Your percentage of funds from cooperative arrangements, automatically calculated, is shown below.

If the percentage is 10 or more, complete all of Section A.

If the percentage is less than 10 but greater than 0, complete only the following questions in Section A, then skip to Section B: Questions 2, 3, 24, 25, 28, and 33-38.

If the percentage is 0, skip to Section B.

ISSUES REGARDING AVAILABILITY OF STATE-APPROPRIATED FUNDS

2. Please briefly describe how your state's economic situation affects the availability of state-appropriated funds for meeting VR matching requirements.

3. Do you anticipate future changes that may free up state funds for matching?

Yes No

Please explain why or why not.

NUMBER AND TYPES OF PARTNER AGENCIES

4. Please complete the following table regarding the number of state-level and local-level cooperative arrangements by type of partner agency and total funds received through each type of arrangement. Enter whole numbers with no dollar signs or commas.

NOTE: The total number of state and local level arrangements reported here should equal the number of arrangements reported in Question 1.c. The total amount of state and local funds reported here should equal the amount reported in Question 1.c.

Agency type	State level		Local level	
	Number of arrangements	Total funds	Number of arrangements	Total funds
a. State education agency				
b. Local education agency				
Postsecondary institution				
c. 4-year college/university				
d. 2-year college				
e. Vocational/technical institute				
f. State mental health agency				
g. Local mental health agency				
h. Developmental disabilities council				
i. Corrections agencies				
j. Other (specify)				
k. Other (specify)				
l. Other (specify)				
m. Other (specify)				
n. Other (specify)				
o. Other (specify)				
p. Total				

5. If you need to explain or add any comments concerning your responses to the question above, please use this space.

WAIVERS OF STATEWIDENESS

6. How many of your cooperative arrangements are operating under a waiver of statewideness (i.e., a waiver of the requirement to offer services in all areas of the state)? (Please use information from your most recent state plan, with updates as approved by RSA.)

7. If you need to explain or add any comments concerning your response to the question above, please use this space.

ADMINISTRATIVE LOCATION OF PROGRAMS FUNDED UNDER COOPERATIVE ARRANGEMENTS

8. What division of the agency has administrative responsibility for programs funded under cooperative arrangements?

9. Does the agency have staff designated for this purpose?

Yes No (IF NO, SKIP TO Q 11)

If yes, please indicate:

- a. Number of full-time staff:
- b. Number of part-time staff:

10. Where are these staff located? (Total should equal the number reported in Q9.)

- a. Number in central office:
- b. Number in field offices:

MONITORING AND OVERSIGHT OF COOPERATIVE PROGRAMS

**11. What types of performance requirements apply to cooperative arrangements programs in your agency?
(Check all that apply)**

- Reasonable costs of services in comparison with other providers of like services
- Costs per person served
- Costs per outcome
- Targets for numbers served
- Targets for number of employment outcomes
- Targets for number of other appropriate outcomes (specify):
- Other, specify

12. Does your agency negotiate these performance requirements?

Yes No

If yes, how often?

**13. What types of oversight activities do you use for monitoring the operations and outcomes of programs implemented under cooperative arrangements?
(Check all that apply)**

- Regularly scheduled monitoring visits
- Specialized on-site performance reviews
- Expenditure reports: Monthly Quarterly Other (specify)
- Performance reports: Monthly Quarterly Other (specify)
- Reports on consumer outcomes
- Analysis of outcomes of these consumers compared to outcomes of consumers in other similar programs
- Case reviews
- Formal evaluations
- Regular meetings with partner agencies
- Other, specify

14. Do these oversight activities apply to all programs operating under cooperative arrangements?

Yes No

If no, explain briefly:

15. Does your agency use established criteria to determine whether contract performance is adequate to justify renewal of programs operated under cooperative arrangements?

Yes No (SKIP TO Q 17)

**16. What criteria does your agency use for this purpose?
(Check all that apply)**

- Achievement of performance targets in terms of number of consumers served
- Achievement of performance targets in terms of number of employment placements or other specified successful outcomes
- Achievement of performance targets in terms of expenditures
- Cost efficiency in comparison with similar programs not operated under a cooperative arrangement
- Other (specify)

17. Has your agency identified cooperative programs whose performance is not adequate?

Yes No (SKIP TO Q 20)

**18. If so, what actions do you take if performance is not adequate based on established requirements?
(Check all that apply)**

- Renegotiate performance requirements
- Implement corrective measures (specify)
- Place the program on notice or probation
- Terminate the contract
- Other (specify)

19. Please indicate whether you have implemented any of the actions above in the past three years. (Check “yes” or “no” for each item)

- a. Renegotiated performance requirements Yes No
- b. Implemented corrective measures Yes No
- c. Placed a program on notice or probation Yes No
- d. Terminated a program’s contract Yes No
- e. Other (specify) Yes No

20. Under what conditions do you conduct evaluations of all cooperative programs or a group of cooperative programs (for example, programs operated in postsecondary institutions, programs serving persons with mental illness)?

If the agency does not conduct such evaluations check here and skip to Q 21.

- a. Please describe the conditions under which you conduct such evaluations.
 - b. Please describe the purpose of such evaluations.
 - c. How often do you conduct such evaluations?
 - d. How do you use the results? (Briefly describe)
21. If you need to explain or add any comments concerning your responses to any question in the “Monitoring and Oversight of Cooperative Programs” section, please use this space.

PURPOSES AND PERSPECTIVES REGARDING COOPERATIVE ARRANGEMENTS

22. Please indicate which of the following describe the purposes of your agency’s cooperative arrangements contracts.
(Check all that apply)

- To meet federal matching requirements
- To increase the agency’s ability to deliver vocational rehabilitation services to eligible individuals with disabilities
- To increase the agency’s ability to deliver VR services to individuals with particular types of impairments or needs (e.g., transitional youth, persons with severe mental illness)
- To improve the quality of services to target groups through coordination with other relevant agencies (e.g., education agencies, mental health commissions)
- Under waivers, to expand substantially the number of persons whom the agency can serve
- Other (specify)

23. In your view, which of these purposes is the single most important justification for your agency’s third-party cooperative arrangements?
(Check one)

- To meet federal matching requirements
- To increase the agency’s ability to deliver vocational rehabilitation services to eligible individuals with disabilities
- To increase the agency’s ability to deliver VR services to individuals with particular types of impairments or needs (e.g., transitional youth, persons with severe mental illness)
- To improve the quality of services to target groups through coordination with other relevant agencies (e.g., education agencies, mental health commissions)
- Under waivers, to expand substantially the number of persons whom the agency can serve
- Other (specify)

24. Please briefly describe your perspectives on the advantages of delivering VR services through the mechanism of third-party cooperative arrangements.
25. Please briefly describe the chief disadvantages of delivering VR services through the mechanism of third-party cooperative arrangements.

CHARACTERISTICS OF, AND SERVICES PROVIDED TO, CONSUMERS WHO PARTICIPATE IN COOPERATIVE PROGRAMS

This section requests demographic, disability, and services information on your agency's consumers who participate in cooperative programs.

CONSUMER CHARACTERISTICS

26. Please indicate the number of consumers in each of the categories below. Include participants in all of your cooperative programs (all programs funded under arrangements reported in Question 4). Totals for consumers by primary disability, significance of disability, age, ethnicity, and educational attainment should be equal.

Characteristic	Consumers in cooperative programs in FY 2007
Primary disability a. Visual impairment b. Physical impairment c. Communicative disorder d. Cognitive disorder e. Mental or emotional (psychosocial) disability f. Unknown g. Total	
Significance of disability h. Most significant i. Significant j. Not significant k. Unknown l. Total	
Age m. 24 or under (transitional youth) n. 25-50 o. Over 50 p. Unknown q. Total	
Number receiving SSI/SSDI	
Race r. White s. Black or African American	

t. American Indian or Alaska Native u. Asian v. Native Hawaiian or other Pacific Islander w. Unknown Ethnicity x. Hispanic or Latino y. Not Hispanic or Latino z. Unknown aa. Total	
Educational attainment bb. Less than high school cc. High school diploma/GED dd. Some postsecondary ee. Postsecondary vocational credential ff. Postsecondary academic credential gg. Unknown hh. Total	

27. If you need to explain or add any comments concerning your responses to the question above, please use this space.

28. Does your agency have information available on the statewide distribution of the population by disability type and significance?

Yes No

If yes, please attach or indicate where RTI can obtain, this information.

CONSUMER SERVICES

29. Please indicate the number of consumers participating in cooperative programs during FY 2007 who received each service listed below.

Service	Consumers in cooperative programs in FY 2007
a. Postsecondary occupational/vocational training	
b. College/university training	
c. Secondary occupational/vocational training	
d. Support services	
e. Secondary education	
f. Work experience	
g. Career development	
h. Basic/remedial education	
i. Job-related services (e.g., readiness, Job-search, placement)	
j. Medical services	
k. Psychological services	

l. Counseling and guidance	
m. Supported employment	

30. If you need to explain or add any comments concerning your responses to the question above, please use this space.

OUTCOMES

31. These tables request information on outcomes achieved by individuals who received services from a program funded under cooperative arrangements in FY 2007 and who left VR services during the fiscal year.

Outcome	Number of consumers closed from cooperative programs in FY 2007
Employment outcome	
a. Competitive employment	
b. Supported employment	
c. Self-employment	
d. Business Enterprise Program	
e. Homemaker/unpaid family worker	
f. No employment outcome	
g. Total	

Outcome	Consumers closed from cooperative programs in FY 2007 who achieved employment outcomes	
	Average weekly earnings	Average hours/week
a. Competitive employment		
b. Supported employment		
c. Self-employment		
d. Business Enterprise Program		

32. If you need to explain or add any comments concerning your responses to the question above, please use this space.

ORDER OF SELECTION

33. Does your agency currently operate under an Order of Selection (OOS)?

- Yes No (IF NO, SKIP TO SECTION B)

34. How many years have you operated under OOS?

35. What has been the size of the waiting list over the past few years? (If there has not been a waiting list, please enter "0.")

FY 2005:

FY 2006:

FY 2007:

36. Do you anticipate that the waiting list will increase in FY 2008?

Yes No

If yes, by approximately how many individuals?

37. Has operation under OOS affected your ability to operate cooperative programs due to the requirement to first serve persons with most significant disabilities?

Yes No

If "yes," please explain how. If "no," please explain why not.

38. Has operation of cooperative programs affected your OOS status?

Yes No

If "yes," please explain how.

If "no," please explain why not.

SECTION B: QUALITY ASSURANCE ACTIVITIES

CASE FILE REVIEWS

1. Which of the following topics are addressed by your agency's case file reviews? (If your agency does not conduct case file reviews, check here and skip to Q13.) (Check all that apply)

- Adequacy of documentation
- Timeliness of service delivery
- Appropriateness of services
- Review of fiscal status
- Identification of promising practices

Compliance:

- With federal laws
- With state laws
- With VR policies and procedures
- With fiscal policies

Evaluation:

- Of regional performance
- Of local office performance
- Of individual counselor performance

Identification of needs:

- For changes in agency policies
- For specialized or targeted services
- For increased availability of certain services
- For staff training

Other:

- Other (specify)

2. Does your agency have a formal protocol for conducting case file reviews?

- Yes No

If yes, please attach a copy to the completed survey.

3. Please indicate whether central office, regional, or local staff have primary responsibility for your agency's case file reviews.

(Check one)

- Central office staff
- Regional or district managers
- Local office managers
- Local supervising counselors
- Other (specify)

**4. How often do these staff members conduct case file reviews?
(Check one)**

- Quarterly
- Biannually (twice a year)
- Annually
- Frequency varies by location
- Other (specify)

5. How many case files were included in the most recent review conducted by these staff members? If the number varies by location, please check here and provide an estimated or average number.

cases

6. How were case files selected for the most recent review conducted by these staff members? (Check all that apply)

- Sample of closed cases
- Sample of cases at certain status codes (specify)
- Sample of individual counselors' cases
- Sample of cases receiving certain services (specify)
- Other (specify)

7. Please indicate whether any additional staff members (other than those identified in Question 3) conduct separate case file reviews. If not, check here and skip to Q11. (Check all that apply)

- Central office staff
- Regional or district managers
- Local office managers
- Local supervising counselors
- Other (specify)

**8. How often do these additional staff members conduct case file reviews?
(Check one)**

- Quarterly
- Biannually (twice a year)
- Annually
- Frequency varies by location
- Other (specify)

9. How many cases were included in the most recent review conducted by these additional staff members? If the number varies by location, please check here and provide an estimated or average number.

cases

10. **How were cases selected for the most recent review conducted by these additional staff members? (Check all that apply)**

- Sample of closed cases
- Sample of cases at certain status codes (specify)
- Sample of individual counselors' cases
- Sample of cases receiving certain services (specify)
- Other (specify)

11. **In the recent past, has your agency identified specific areas for improvement on the basis of case file reviews?**

- Yes No

If yes, please list the specific area(s):

12. **If you need to explain or add any comments concerning your responses in the “Case File Reviews” section, please use this space.**

CASE MANAGEMENT SYSTEMS

13. **Does your agency use a commercially developed case management system (such as AWARE, CRIS, or VR System 6) or an internally developed system? (Check one)**

- AWARE
- CRIS
- VR System 6
- Other commercially developed system (specify)
- Internally developed system
- Not applicable—do not use commercially or internally developed system

14. **Please indicate whether your case management system: (Check all that apply)**

- Allows state administrators to monitor performance of local offices and counselors
- Allows local administrators to monitor the performance of individual counselors
- Allows counselors to monitor their progress toward performance goals
- Provides counselors with reports needed for managing casework
- Allows administrators to create ad-hoc reports
- Allows administrators to monitor time in status
- Includes edit checks that allow cases to move from one status to another only under certain conditions

- Includes edit checks for out-of-range responses (i.e., responses that do not fall within an expected range) to critical items
- Requires validation (e.g., supervisor approval) of out-of-range responses to critical items
- Permits monitoring of office- or counselor-level budgets

**15. What methods does your agency use to verify the accuracy of data reported through the case management system?
(Check all that apply)**

- Comparison with hard-copy records
- Verification by local supervisors
- Documentation provided by employers or consumers
- Edit and range checks
- Other (specify)

16. If you need to explain or add any comments concerning your responses in the “Case Management Systems” section, please use this space.

STRATEGIC PLANNING AND PERFORMANCE MEASUREMENT

17. Does your agency have established strategic goals?

- Yes No

If yes, please attach a list of the goals to the completed survey.

**18. Please indicate whether the goals were established by:
(Check one)**

- The VR agency itself
- The DSA or a parent agency
- A combination of the two
- The state legislature
- Other (specify)

**19. How often your does your agency monitor progress toward these goals?
(Check one)**

- Monthly
- Quarterly
- Biannually (twice a year)
- Annually
- Other (specify)

20. What performance measures or indicators does your agency use to monitor performance?

(Check all that apply)

- Federal standards and indicators
- Other measures or indicators developed by the VR agency itself
- Other measures or indicators developed by the DSA or a parent agency
- Other (specify)

If you use measures other than the federal standards and indicators, please attach a list of the measures to the completed survey.

21. For which of the following purposes does your agency use performance data?
(Check all that apply)

- Evaluating performance on specific measures
- Evaluating progress toward strategic goals
- Analyzing consumer characteristics
- Analyzing services provided
- Analyzing fiscal issues
- Identifying promising practices
- Case flow forecasting and analysis
- Other (specify)

Please give an example of uses of performance data (optional)

22. In the recent past, has your agency identified specific areas for improvement through use of strategic goals or performance measures?

- Yes No

If yes, please list the specific area(s):

If yes, please provide an example, including a detailed description, of how areas for improvement were identified (optional)

23. Has your agency established standards for time in status (other than those specified in federal regulations); e.g., the amount of time a case should remain at status 02 (applicant) or status 10 (IPE development)?

- Yes No

If "yes," please describe:

24. Does your agency operate under a performance-based budgeting system? (A performance-based budgeting system is defined as one in which agency budgets are linked to performance goals.)

Yes No

25. If you need to explain or add any comments concerning your responses in the “Strategic Planning and Performance Measurement” section, please use this space.

PROGRAM EVALUATION AND SPECIAL STUDIES

26. Has your agency recently completed, or is it currently conducting, a formal evaluation of the VR program as a whole?

Yes No (IF NO, SKIP TO Q 28)

27. If yes, please indicate the type(s) of evaluation conducted. (Check all that apply.)

- Evaluation of program implementation (process evaluation)
- Evaluation of consumer outcomes
- Trends analysis
- Analysis of cost or efficiency
- Management analysis
- Analysis of organizational effectiveness
- Other (specify)

Please attach a report of a recently completed evaluation (optional).

28. Has your agency recently completed, or is it currently conducting, a special study (or studies) on specific topics?

Yes No (IF NO, SKIP TO Q 30)

**29. If yes, please indicate the topic(s) studied.
(Check all that apply)**

Specific services:

- Supported employment
- Transition services
- Services for individuals with certain types of disabilities

Specify:

- Services provided through cooperative program(s)
- Services provided by CRPs
- Other services (specify)

Other topics:

- Accuracy of RSA-911 data
- Timeliness of service delivery
- Implementation of agency policies and procedures
- Other (specify)

30. In the recent past, has your agency identified specific areas for improvement on the basis of formal evaluations or special studies?

- Yes No

If yes, please list the specific area(s):

31. If you need to explain or add any comments concerning your responses in the “Program Evaluation and Special Studies” section, please use this space.

PERSONNEL ASSIGNMENTS, TRAINING, AND PERFORMANCE EVALUATION

32. Does your state VR agency staff include individuals whose time is devoted primarily to quality assurance activities?

- Yes No (IF NO, SKIP TO Q 35)

**33. In what office are these staff members housed?
(Check all that apply)**

- DSA
- VR agency director’s office
- VR agency field services director’s office
- Planning or evaluation division
- Statistics/MIS division
- Other (specify)

34. Please indicate the number of FTEs devoted primarily to quality assurance activities:

FTEs

35. On what topics related to quality assurance does your agency provide field staff with training? (Check all that apply)

- Agency performance measures or strategic goals
- Agency policies and procedures
- Effective practices
- Problems identified in case reviews or data analysis
- Other topics related to quality assurance (specify)

36. Which of the following indicators does your agency consider in counselor performance appraisals? (Check all that apply)

- Number of employment outcomes
- Cost per employment outcome
- Number of consumers served
- Cost per consumer served
- Consumer satisfaction
- Other performance indicators (specify)

37. If you need to explain or add any comments concerning your responses in the “Personnel Assignments, Training, and Performance Evaluation” section, please use this space.

MANAGEMENT AND MONITORING OF VENDOR (VR SERVICE PROVIDER) CONTRACTS

38. Has your agency established guidelines concerning reasonable service costs (e.g., price sheets, market comparisons, approved ranges of costs) for VR vendors (defined as providers of VR services)?

- Yes No

Please attach a copy.

39. Approximately how many vendors do business with your agency?

Vendors

40. Does your agency make performance reports or ratings for individual vendors (e.g., vendor “report cards”) available to consumers?

Yes No

41. Does your agency use performance-based contracts for vendors?

Yes No (IF NO, SKIP TO Q 43)

Please attach a copy.

42. Does your agency use a standard format or template for these contracts?

Yes No

If yes, please attach a copy.

**43. Please indicate whether your requirements for vendors include:
(Check all that apply)**

- Detailed descriptions of services to be provided
- Requirement for accreditation by a national organization (e.g., CARF, JCAHCO, NAC, ASHA, ACVREP, as appropriate)
- Use of specific fiscal and/or administrative procedures
- Use of specific referral, intake, and/or orientation procedures
- Submission of regular performance reports to the state VR agency
- Prescribed format for, or electronic submission of, invoices
- Staffing requirements (academic or other training, certification, or licensing)
- Other (specify)

44. If you need to explain or add any comments concerning your responses to the question above, please use this space.

**45. How does your agency obtain consumer feedback on vendors’ services?
(Check all that apply)**

- Surveys conducted by state VR agency
- Surveys conducted by State Rehabilitation Council
- Surveys conducted by vendor
- Focus groups
- Counselor must contact consumer before invoice is paid
- Other (specify)

46. If you need to explain or add any comments concerning your responses to the question above, please use this space.

**47. How does your agency monitor the performance of vendors?
(Check all that apply)**

- Monitoring visits by VR agency staff
- Central office staff analyzes reports submitted by vendors
- Local office staff analyzes reports submitted by vendors
- Externally contracted audits
- Other (specify)

48. If you need to explain or add any comments concerning your responses to the question above, please use this space.

INPUT FROM CONSUMERS AND OTHER CUSTOMERS

**49. To what extent is your State Rehabilitation Council involved in evaluation of VR agency performance?
(Check one)**

- Not involved (PLEASE ENTER ANY COMMENTS, THEN SKIP TO Q 53.)
- Limited extent
- Moderate extent
- Great extent

50. If you need to explain or add any comments concerning your responses to the question above, please use this space.

51. In the recent past, what role has the State Rehabilitation Council played in evaluation of VR agency performance?(Check all that apply)

- Suggested areas for evaluation
- Helped carry out evaluation activities (e.g., helped design instruments, conducts focus groups)
- Reviewed evaluation results
- Disseminated evaluation results to legislature, advocacy groups, or public
- Made specific recommendations for changes in agency policy or practice based on evaluation results
- Other (specify)

52. If you need to explain or add any comments concerning your responses to the question above, please use this space.

**53. Please indicate whether your State Rehabilitation Council is involved in the following aspects of consumer satisfaction surveys.
(Check all that apply)**

- Developing the survey instrument
- Conducting the survey
- Analyzing survey data
- Other (specify)

54. If you need to explain or add any comments concerning your responses to the question above, please use this space.

**55. Which of the following methods does your agency use to obtain input from consumers and other customers?
(Check all that apply)**

Consumer satisfaction survey of:

- Applicants
- Individuals in extended evaluation or plan development
- Individuals receiving services under an IPE
- Individuals closed rehabilitated (status 26)
Length of time after closure:
- Individuals closed not rehabilitated before initiation of services under an IPE (status 30)
Length of time after closure:
- Individuals closed not rehabilitated after initiation of services under an IPE (status 28)
Length of time after closure:
- Individuals at other statuses (e.g., post-employment services)
- Individuals who dropped out between application and eligibility
- Individuals receiving specific services (specify services)
- Other consumer satisfaction survey (specify)

Other methods:

- Consumer focus groups—specify topic(s)
- Survey of employers
- Survey of referring or partner agencies
- Survey of VR agency field staff
- Survey of vendors
- Other (specify)

56. If you need to explain or add any comments concerning your responses to the question above, please use this space.

57. In the recent past, has your agency identified specific areas for improvement through analysis of consumer satisfaction data?

Yes No

If yes, please list the specific area(s):

If yes, please give an example of how areas for improvement were identified (optional)

EFFECTS OF QA ACTIVITIES AND PROMISING PRACTICES

58. Does your agency have written policies and procedures, or a manual, that describe the quality assurance activities it uses?

Yes No

If yes, please attach a copy.

59. In your opinion, to what extent have your agency's quality assurance activities improved compliance with applicable laws, regulations, and/or policies? (Check one)

- Not at all (GO TO Q 61)
- Limited extent
- Moderate extent
- Great extent

60. Please give an example of how your agency's quality assurance activities have improved compliance with applicable laws, regulations, and/or policies.

61. In your opinion, to what extent have your agency's quality assurance activities improved performance on measures or indicators used to monitor performance? (Check one)

- Not at all (GO TO Q 63)
- Limited extent
- Moderate extent

Great extent

62. Please give an example of how your agency's quality assurance activities have improved performance.
63. What quality assurance activity (or activities) has your agency found to be most effective?
64. What quality assurance activity (or activities) has your agency found to be ineffective?
65. Please describe any quality assurance practices your agency uses that you consider exemplary or innovative.
66. If you need to explain or add any comments concerning your responses in the "Effects of QA and Promising Practices" section, please use this space.

Please provide contact information for an agency representative in case we have follow-up questions.

Agency name:

State:

Contact person

Name:

Email address:

Telephone:

The contact person's name will be used only for RTI's internal purposes, in case follow-up questions are necessary.