

Attachment F - Quality Assurance Review of Reports and Other Pertinent Data Submitted by Contractors

The attached pages outline the fundamental quality standards for deliverables in each service group. VA Counselors will utilize these documents as quality review instruments to ensure reports and forms submitted by Contract Counselors are in compliance with contract requirements and to assess the quality of overall deliverables.

When reports are received by VA Counselors, they will review all documents to determine adequacy and sufficiency. If submissions are acceptable, Contract Counselors will be instructed to submit invoices for services rendered. If reports and other documents are deficient, the VA Counselor will inform the Contract Counselor of areas requiring improvement or modification based on requirements of the quality assurance protocol documents. When corrected documents are received and approved, VA Counselors will instruct Contractors to submit invoices due to the acceptance of deliverables through written communication per the QA form. The feedback mechanism for acceptance or rejection of the deliverable, as well as additional work needed to complete deliverables, is the quality assurance instrument.

The Quality Assurance Review Reports will also be incorporated into the Quality Assurance Surveillance Plan (QASP).

| Service Group Educational/Vocational Counseling | | | |
|--|------------------|----|-----|
| Veterans Name _____ | Referral # _____ | | |
| Quality of Services – Contractor: | YES | NO | N/A |
| Comprehensive vocational evaluation of the Veteran's work history, education, training, medical history, family and community | | | |
| Effective use of vocational/psychological tests to identify the Veteran's interests, aptitudes and abilities. | | | |
| Transferable Skills Analysis was provided that identified the Veteran's skills and worker traits through analysis of work history, both civilian and military, and other experiences, which may be used in performing other occupations. | | | |
| Vocational exploration activities and labor market information were sufficiently evaluated and documented. | | | |
| Justification of any "NO" responses above: | | | |
| Corrective Action Needed: | | | |
| Timeliness of Performance | | | |
| Contact made within specified timeframes | | | |
| Reports delivered within specified timeframes | | | |

| | | | | | | |
|---|----------------------------------|------------------|------------------|------------------|------------------------------|-----------------------|
| Overall Rating of Work: | | 1 Poor | 2 Fair | 3 Good | 4 Above Average | 5 Excellent |
| | Quality of Services | | | | | |
| | Timeliness of Performance | | | | | |
| Deliverable Accepted – Proceed to Invoice Yes _____ No _____ | | | | Date | | |
| Reviewer's Signature | | | | Date | | |

| | | | | | | |
|---|---------------------------|-----------|-----------|-----------|-----------------------|----------------|
| Service Group B – Case Management Veterans Name _____ Referral # _____ | | | | | | |
| Quality of Services - Contractor: | | | YES | NO | N/A | |
| The required frequency and level of supervision was maintained with the Veteran. | | | | | | |
| Appointments with the Veteran were well-documented and reflect provision of appropriate and substantive services to address the Veteran's needs and facilitate progress as outlined in the rehabilitation plan. | | | | | | |
| Appropriate coordination with VA staff to address the Veteran's needs and to arrange for provision of additional services. | | | | | | |
| Progress reports address the Veteran's scholastic achievement to potentially succeed in his/her vocational goal. | | | | | | |
| Progress reports address how services provided facilitate an increase in the Veteran's independence in daily living as outlined in the Rehabilitation plan. | | | | | | |
| Evidence of the Veteran's progress is appropriately documented (grades, transcripts, diploma, certificates, attendance in training, medical records). | | | | | | |
| Evidence of annual review to monitor and/or amend the plan according to the Veteran's identified needs. | | | | | | |
| Justification of any "NO" responses above: | | | | | | |
| Corrective Action Needed: | | | | | | |
| Timeliness of Performance | | | | | | |
| Contact made within specified timeframes | | | | | | |
| Reports delivered within specified timeframes | | | | | | |
| Overall Rating of Work: | | 1 Poor | 2 Fair | 3 Good | 4 Above Average | 5 Excellent |
| | Quality of Services | | | | | |
| | Timeliness of Performance | | | | | |
| Deliverable Accepted – Proceed to Invoice Yes _____ No _____ | | | | Date | | |
| Reviewer's Signature | | | | Date | | |

| Service Group C – Employment Services Veterans Name _____ Referral # _____ | | | | | | |
|---|----------------------------------|--|-----------|-----------|-----------|-----------------------|
| Quality of Services – Contractor: | | | | YES | NO | N/A |
| Appointments with the Veteran were well-documented and reflect provision of appropriate and substantive services to address the Veteran's needs and facilitate progress as outlined in the rehabilitation plan. | | | | | | |
| Job readiness assessment was comprehensive, accurate, and well-documented. | | | | | | |
| Services were provided to facilitate Veteran's job readiness, to include resume development and interview skills. | | | | | | |
| A professional level of job development and placement services were provided, as appropriate to the Veteran's vocational goal and individualized needs. | | | | | | |
| Progress reports address the Veteran's level of participation in job search, suitability of employment, or Veteran's adjustment to employment. | | | | | | |
| Contractor maintained monthly contact with Veteran throughout the period of employment services and, if contact was not established, appropriate justification is documented. | | | | | | |
| Appropriate coordination with VA staff to address the Veteran's needs and to arrange for provision of additional services. | | | | | | |
| Justification of any "NO" responses above: | | | | | | |
| Corrective Action Needed: | | | | | | |
| Timeliness of Performance | | | | | | |
| Contact made within specified timeframes | | | | | | |
| Reports delivered within specified timeframes | | | | | | |
| Overall Rating of Work: | | | 1 Poor | 2 Fair | 3 Good | 4 Above Average |
| | Quality of Services | | | | | |
| | Timeliness of Performance | | | | | |
| Referral Date: _____ Placement Date: _____ | | | | | | |
| Was the Veteran placed in suitable employment, as defined in CFR 21.283, within 60 days of referral date? _____ Yes _____ No _____ N/A (only N/A if the referral does not include job placement) | | | | | | |
| Deliverable Accepted – Proceed to Invoice Yes _____ No _____ | | | | | Date | |
| Reviewer's Signature | | | | | Date | |