National Consortium for Health Systems Development

A project of Health & Disability Advocates

Sample Quarterly Report to MIG

Performance Area One

Criterion 1:

Number of Written Benefits Analyses for Clients Working: _____

Number of Written Benefits Analyses for Clients Considering Work: _____

Criterion 2:

Number of VR Counselor Referrals: _____

Number of EN Referrals: _____

Percentage of VR Counselor Contact: _____

Percentage of EN Contact: _____

Criterion 3:

List Outreach Events:

_____

_____

_____

Criterion 4:

Number of Clients Served Who Began Working: _____

Number of Client Served Who Increased Hours Worked: _____

Number of Clients Served Working At or Above SGA or Full Time: _____

Performance Area Two

Criterion 1:

Number of IRWEs Established: _____

Number of PASS Plans Written: _____

Number of BWEs Established: _____

Number of SEIE Established: _____

Number of Subsidies Established: _____

Criterion 2:

Number of Individuals Informed of Buy-In Program: _____

Number of Buy-In Enrollments: _____

Criterion 3:

Number of Clients Assigning Ticket or Establishing Plan with VR: _____

Performance Area Three

Criterion 1:

No Reporting Requirement.

Criterion 2:

See Outreach Reported Above

Criterion 3:

Customers Served by Disability Type:

_____

_____

_____

Top 5 Counties or Areas Served:

_____

_____
_____

Bottom 5 Counties or Areas Served:

_____
_____
_____

Numbers Served in Identified Underserved Populations:

_____
_____
_____

Performance Area Four:

Criterion 1:

Federal or State Training or TA Participation:

_____
_____

Criterion 2:

Is project meeting standards in Criterion 2? How is this checked?

_____
_____

Criterion 3:

Was a review of case files performed on staff this reporting period? _____

Criterion 4:

Average Number of Open Cases Per Planner at Time of Report _____

Criterion 5:

Completed Above.

Criterion 6:

Is the Project meeting standard in Criterion 6? How is this checked?

_____

_____

Performance Area Five:

Criterion 1:

Number of Customers Contacted after Initial Benefits Plan Completed: _____

Criterion 2:

Number of 2nd or Revised Analyses Completed: _____

Criterion 3:

Number of Client Satisfaction Surveys Sent: _____

Criterion 4:

Number of Clients with Increased Wages Over Initial Benefits Plan Wages: _____

Number of Clients Maintaining Employment 1+ Years: _____

Performance Area Six:

Criterion 1:

See Federal and State Training Participation and TA above.

Criterion 2:

If any new staff, has supervisor or senior staff person reviewed at least the first 10 written analyses? _____

Criterion 3:

Has a case file review been performed on staff cases this reporting period? If so, who and when?

_____

_____

_____

Criterion 4:

Please list staff meeting dates and times:

_____

_____

_____

Criterion 5

Does at least one individual with supervisory authority on staff have requisite benefits planning training? If so, who?

_____

_____

Are all those performing benefits planning functions doing this at 50% FTE? If not, please list who is 50% FTE or more and who is not.

_____

_____

_____