

Office of the Inspector General

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Review of Vocational Rehabilitation Services at the South Carolina Vocational Rehabilitation Department

I. Executive Summary

During a prior review of the South Carolina Vocational Rehabilitation Department (SCVRD), the South Carolina Office of the Inspector General (SIG) identified the possible practice of counselors misrepresenting or embellishing documentation in client case files and case closures to meet annual SCVRD goals. Based on this prior observation and discussions with the SCVRD commissioner, it was agreed the SIG should continue with its review of the case closure process to determine if this was a widespread practice among SCVRD counselors or an isolated practice.

Set forth in prior SCVRD accountability reports, the agency began a downward trend in 2010 of not achieving its established goals of successful case closures due to the high unemployment rate, which affected the agency's job placement efforts. Each year, the SCVRD Board of Directors and the commissioner projected the number of successful case closures to meet its annual goals. The SCVRD allocated its agency goals among the area offices, which then assigned individual goals to the counselors in each of these offices. For fiscal year (FY) 2016, the SCVRD successfully closed (status "26") 6,547 cases; but failed to achieve its goal of 7,252 case closures by 705 cases (9.7%).

The SIG developed its audit methodology around six of the twenty-five referral methods for SCVRD clients. These six referral methods: self-referrals (20%); educational institutions (16%); criminal justice facilities (15%); physical or medical facilities (14%), mental health providers (10%), and family/friends (9%) comprised 84% of the successful case closures. The SIG's sampling size was 209 client case files.

The SIG reviewed and analyzed the 209 electronic case files, interviewed 24 SCVRD executives, supervisors, and counselors, and assessed the processes and procedures for case closures.

Life Cycle of an SCVRD Client Case

The life cycle of an SCVRD client case can be broken into four phases: intake, eligibility/diagnosis; services and active case management; and post-closure compliance.

The Phase I "intake" (referrals and requests for services) is the client's initial exposure to the agency's services. This is accomplished through a voluntary approach by the client, or at the direction/referral of an employer, physician, or other means. The SIG determined that common service requests were for assistance with finding or maintaining employment due to physical or mental disabilities, substance abuse, or alcohol dependence. Other service requests noted in the sample of cases were for financial assistance with medical needs, work tools, and educational goals.

Phase II of a client case is the determination of eligibility and the diagnosis of a disability. While there is an initial determination of eligibility and diagnosis during the intake phase, final determination is achieved after a review by agency officials and a medical assessment. The SIG's review determined the SCVRD made client diagnoses from medical professionals (59%), SCVRD's Psychological Services Unit (27%), and education officials (9%). The remaining four percent (4%) were presumptive cases as the individuals received Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) and were presumed eligible for SCVRD services.

The most important phase to consider is Phase III when the client receives services and the counselor provides active case management. It is during this phase the counselor determines the client's Individualized Plan for Employment and the services to assist the client in achieving the goal of active and sustained employment. Throughout this phase, the counselor is the SCVRD official responsible for accurately recording the client's progress toward rehabilitation, attaining employment, and sustaining employment.

The SIG determined through interviews and research the counseling and guidance (C&G) provided to the client is the most important service provided by a counselor and is the service, which sets SCVRD apart from other agencies. However, there was no standard for the total number or cost of services provided by the SCVRD. For the SIG review, total costs associated with the sampling of cases was \$200,603. On average, each client received more than \$959 worth of services, while 53 (25%) clients received free SCVRD services, and two outlier client cases received medical services of more than \$15,000 and \$25,000.

The most important aspect of client case management is the documentation – “case notes.” The SIG reviewed cases with executive management that, upon initial review, seemed inconsistent or inadequate in its documentation. SCVRD management explained that instances of seemingly no service provision contained C&G sessions that were adequate to provide evidence of counselor activity, except in eight (8) cases. Even though SCVRD staff emphasized, “If it isn't documented, it didn't happen” these eight cases still passed through review as a successful case closure.

Multiple variables determined when a case was ready for closure. However, the recurring theme echoed among the counselors interviewed was the motivation to close a case successfully to meet individual and agency goals. Nearly 50% of the cases closed occurred within two weeks of the minimum standard for a client case to be open as required by SCVRD policy.

The final phase (Phase IV) pertains to case closure goals and quality assurance. Of the eleven counselors interviewed, the FY 2018 successful case closure goals ranged from nine (9) to 35 cases, with nine counselors having met their goal by June 30.

Meeting this metric was important for the counselors as it was a factor in their performance appraisal. Failure to meet the goal could result in the counselor being placed on a performance improvement plan and prevent the counselor from being reclassified into a higher job category or promoted. The SIG discussed this observation with the counselors who stated there were instances in which counselors (no longer employed at SCVRD) resorted to dishonest measures of misrepresenting and embellishing client case notes to meet their case closure goals.

Compliance and QA staff depend on the accuracy of the case notes to determine whether a case is ready for closure. However, the QA process did not make follow-on contact with the client as part of the QA and compliance measurement to ensure services were delivered, as well as the quality of the services received. The SIG determined the potential risk for counselors to misrepresent or embellish case notes was present based on the oversight provided by area managers. The SIG further determined the sole use of case notes as verification of a successful case closure was insufficient in providing assurance to the agency.

Summary

The SIG's review determined the irregular practice of counselors improperly documenting or embellishing client case closures to meet SCVRD goals was not systemic to the agency. The SCVRD staff demonstrated confidence and sincerity in their work to help individuals overcome functional limitations to achieve successful employment.

However, the counselors confided to the SIG about feeling pressure to meet goals and feeling conflicted as to whether to close a case or provide additional quality services for the benefit of the client. Counselors suggested this pressure could be alleviated if SCVRD: (1) used a qualitative standard as the measure of success; (2) eliminated closure goals; and (3) did not penalize counselors if a client quit his or her job. The SIG found these observations and suggestions as viable alternatives for agency leadership to consider.

The SIG met the SCVRD commissioner and provided its observations and findings from this review. The SIG was informed of significant changes already planned for FY 2019 that would address many of these issues. Primarily in measuring success, the Workforce Innovation and Opportunity Act federal program will require a new set of common performance measures that will not only focus on the training, gaining skills, and attaining degrees, but will require counselors to extend their monitoring of clients' employment beyond 90 or 120 days. In addition, the SCVRD has already reduced the agency's goals for FY 2019 and is reviewing its process and paperwork to ensure only necessary information is retained for SCVRD purposes.

As stated by one SCVRD executive, the new measure will force the agency to "slow down" and look at how services are provided to clients.

The SIG extends its appreciation for the assistance afforded by the SCVRD commissioner and staff during this review.

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ADMINISTRATIVE: SCVRD’s comments on report located at Internet link: [SCVRD Response](#)

II. Background

A. Predicate

During a prior review of the South Carolina Vocational Rehabilitation Department (SCVRD), the South Carolina Office of the Inspector General (SIG) identified the possible irregular practice of counselors improperly documenting or embellishing client case closures in order to meet SCVRD annual goals. Specifically, this was associated with the Job Retention Services (JRS) program. Based on this prior observation and discussions with the SCVRD commissioner, it was agreed the SIG should continue with its review of the JRS case closure process to determine if this was a widespread practice among SCVRD counselors or an isolated practice.

B. Scope and Objectives

The scope and objectives of this review were:

- Identify the reason applicants applied for SCVRD services;
- Determine the relevance of services to clients for their disability;
- Determine the legitimacy of services received by the clients; and
- Determine SCVRD's cost for providing the services.

C. South Carolina Vocational Rehabilitation Program

The SCVRD serves citizens having a physical or mental impairment that substantially impedes employment. The [SC Code of Laws, Title 43, Chapter 31](#), requires SCVRD to provide services to qualifying disabled individuals throughout the State. The SCVRD is governed by a Board of Commissioners (Board) and a chief executive (commissioner) to lead the agency.

Services are provided through arrangements with the federal government and other departments, agencies and institutions in accordance to regulations of the [Rehabilitation Act of 1973, 34 CFR Part 361](#). Services are individually designed to assist clients in obtaining and retaining employment. The SCVRD operates with an annual budget of \$144 million, and delivers services through its 1,200 employees assigned to 25 local offices, one evaluation center, one substance abuse treatment facility, and its central office in West Columbia, South Carolina.

III. The Audit Methodology

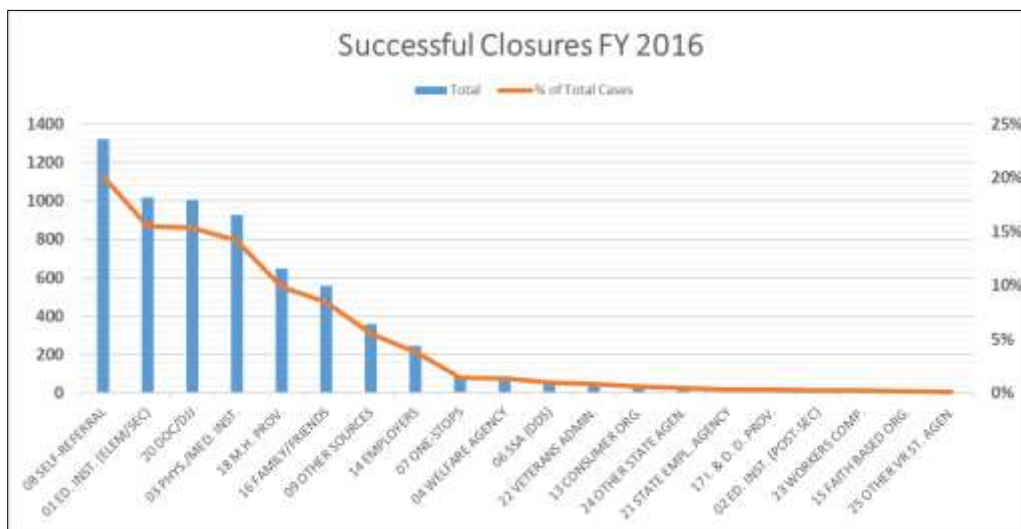
According to the annual accountability reports, the agency began a downward trend in 2010 of not reaching its projected goals of successfully closed cases due to high unemployment rates that affected the agency's job placement efforts.

Annually, the SCVRD Board and its commissioner agreed on a projected number of cases the agency needed to close successfully – status “26” meaning clients who received vocational rehabilitation services had successful employment outcomes – for the fiscal year (FY). Each SCVRD area office received a targeted goal and assigned individual goals to the counselors in each of those offices. For FY 2016, the SCVRD successfully closed (status “26”) 6,547 cases but failed to meet its goal of 7,252 by 705 (9.7%) cases.

Several SCVRD staff noted job retention services (JRS) referrals were “easy” cases to close since the individuals were already employed. Statistical data received from SCVRD management identified the JRS (coded 1402) cases made up less than five percent (5%) of the total cases referred to SCVRD, and the same for cases successfully closed by SCVRD in FY 2016. Therefore, the SIG expanded its scope to review those referral-types making up the majority of successfully closed cases.

A. Sampling Methodology

The SCVRD received applicants for services through 25 general methods of referral. Eighty-four (84) percent of the successfully closed cases were referrals from self-referrals (20%), educational institutions (16%), criminal justice facilities (15%), physical or medical facilities (14%), mental health providers (10%), and family/friends (9%). These six (of the 25) referral-types made up the population of cases the SIG used to randomly sample for its review.



The SIG looked at the number of cases closed by each area office for the six referral types, then selected area offices, which closed more than 20 cases above the average. The average was calculated using the total number of successfully closed cases for each referral type, divided by the number of area offices with successful closures for the respective referral types.

	Referral Type						Total
	ED. INST. (ELEM/SEC)	PHYS./MED. INST.	SELF-REFERRAL	FAMILY/FRIENDS	M.H. PROV.	DOC/DJJ	
Averages	33	30	44	19	21	32	
Area Offices exceeding the average by >=20 cases							
Aiken			99				
Anderson	67	53		44			
Charleston							57
Lexington		64	96	50			92
Conway		61			47		
Florence		60					
Greenville	83	124	98		84		112
Greenwood		52					
Rock Hill	55		70				
Spartanburg	61	103					71
Sumter					52		
Camden			67				
Berkeley-Dorchester	75				55		
Richland			110				
Bryant Center				41			
Total	341	517	540	135	238	332	2,103

The total number of cases calculated was 2,103, of which, 209 (10%) cases were selected randomly for review.

B. Electronic File Review

The SIG reviewed the agency's electronic records case management system. The following documents/screens reviewed identified:

- Client Profile Screen: contained general information such as the assigned counselor, dates of client's initial application, employment and case closure, along with other case-related information;
- Vocational Assessment Summary: included the applicant's reason for requesting services, the professionally-diagnosed disability, and observations and limitations assessed by the counselor;
- Individualized Plan for Employment (IPE): provided an outline of services offered to address client's disability and any job-related, job-search, supportive or miscellaneous needs;
- Financial Assistance and Procurement Records: identified purchases made for medical records, assessments, transportation, work clothing, and medically-related expenses; and
- Case Notes Summary: provided a documented history of actions taken, services provided and discussions between the SCVRD staff and client.

The electronic file review centered on the use of the case notes for each client. Information gathered during the review of clients' electronic files is included where appropriate throughout the report.

C. Interviews

The SIG interviewed twenty-four (24) individuals ranging from external referral sources, SCVRD's executive management, supervisors and counselors. Information gathered through interviews is included where appropriate throughout the report.

IV. SIG Assessment of Vocational Rehabilitation Processes

A. Referrals to SCVRD

The SCVRD accepted applicants for services through 25 different methods of referral. Some individuals appeared voluntarily, while others were referred from other individuals or organizations familiar with SCVRD services. Referral sources such as SC Department of Probation, Parole and Pardon Services (PPP) and cardiac rehabilitation health centers utilized SCVRD as a common resource. The SCVRD provided counseling services that PPP agents/other entities could not provide, offered affordable (free) services, and was sometimes the most responsive or only option in some cities. The SCVRD maintained several in-house services unique to South Carolina as other states outsourced their rehabilitation services.

B. Request for Services

During the intake process, the applicant self-identified the reason for which he/she was applying for SCVRD services. The SCVRD counselor also entered this information into the Vocational Assessment Summary along with the counselor's observations and limitations discussed during the intake process.

SIG Assessment: In the SIG review, common service requests noted were for assistance with finding or maintaining employment due to physical or mental disabilities, substance abuse, or

alcohol dependence. Other service requests noted in the sample of cases were for financial assistance with medical needs, work tools, and educational goals.

C. Eligibility

In order to be eligible for services, an individual had to meet the criteria established by the Rehabilitation Act of 1973 and contained in the SCVRD's Client Services Policy (CSP):

- The individual has a physical or mental impairment;
- The individual's impairment results in a substantial impediment to employment (retention);
- The individual requires vocational rehabilitation services to prepare for, secure, retain or regain employment, and;
- The individual can benefit in terms of employment outcome from the provision of vocational rehabilitation services unless there is clear and convincing evidence to the contrary.

SIG Assessment: The scope of the SIG's review did not include determining validity of eligibility determinations.

D. Diagnosis of a Disability

When an applicant already had a diagnosed mental or physical disability, SCVRD requested the medical records from the applicant's health care provider. Otherwise, a medical or psychological assessment was procured by SCVRD with one of its vendors or its in-house psychological services unit (PSU) to assess the client's condition and provide a diagnosis.

An applicant's diagnosed disability was identified using a combination of numbers with the first 2-digits representing the impairment and the last two representing the cause/source. This disability code described the individual's primary and sometimes secondary impairment to obtaining/ maintaining substantial employment.

SIG Assessment: The SIG sample reflected medical professionals (59%), the PSU (27%), and education officials (9%) diagnosed the various conditions. The remaining four percent (4%) were presumptive cases as the individuals received Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) and were presumed eligible for SCVRD services due to their eligibility for these sources of supplemental income.

The SIG specifically reviewed certain types of referrals. Therefore, the codes were generally the same and the impairments included hearing loss, heart conditions, learning disabilities, personality disorders, alcohol and drug dependence, anxiety, psychosocial impairments, and some physically disabling conditions.

The scope of the SIG's review did not include determining the accuracy of diagnoses.

E. Types of Services Offered

Once determined eligible, the counselor and client met to determine the client's Individualized Plan for Employment (IPE) to address the disability and provide job-related and job search services, along with other supportive and miscellaneous services to help the client obtain or maintain employment. Generally, IPEs varied

based on the specific needs of the individual clients. However, common services listed on the IPEs reviewed by the SIG, included:

Category of Service	Addressing the Disability	Job Preparation Services	Job-Search Services	Support Services	Miscellaneous Services
Potential Services Offered	Cardiac/ pulmonary rehabilitation	Classes on stress/ anger management, self-control, and work etiquette	Classes on interviewing, job application, career club, resume development, and appearance	Information and referral	Dental exam/ Dentures
	Diabetic/ Disability counseling	Job retention training	Job search/ placement	Maintenance – work clothing, tools, and housing	Eye exam/ Glasses
	Inpatient treatment with SCVRD	WorkKeys	Maintain/ Obtain employment	Rehabilitation Technology	General medical not related to disability
	Medication management		On the job supports	Transportation assistance	TB test
	Office visits				
	Psychotherapy				

For all clients, SCVRD offered counseling and guidance (C&G) which is a service provided by the SCVRD counselor. Earlier IPEs listed C&G as a separate service. However, according to SCVRD management, a change to the IPEs in 2015 listed C&G as an automatic service provided by SCVRD counselors to all clients.

SIG Assessment: According to interviews and research, C&G was the most important service provided by a counselor and was the service that set SCVRD apart from other agencies. Counseling and guidance is an opportunity for the counselor to build rapport with the client, provide guidance in dealing with the disability and coaching in personal matters that may not be directly related to the disability but still have an impact on the client being successful. These sessions were documented in case notes as occurring via telephone but could also occur in-person. As stated by a member of management, C&G sessions were normal case management for the assigned counselor.

F. Services Provided

The specific services provided to clients varied based on the vocational needs and functional limitations of the client. According to interviews with SCVRD management, the IPE was activated once any service listed on the IPE was initiated. Thus, services did not have to be provided in the order listed and at one time, not all services on an IPE had to be completed. This process evolved over time in that counselors are now required to include a statement as to why services on the IPE were not provided before closing a case. In addition, amendments can be made to an IPE if the client’s needs change.

According to SCVRD staff, counselors provided free services when possible. Counseling and guidance is a free service provided to clients to address their disability or other needs; as well as, provide referrals and information for other services to benefit the client. Other SCVRD services included class instruction by SCVRD counselors to help with job preparation and assist clients with job leads.

Another benefit SCVRD provided to clients was the in-house rehabilitation treatment facility. This 28-day inpatient treatment program was free to individuals diagnosed with substance and alcohol abuse. According to a cost per bed analysis provided by SCVRD staff (see following table), the cost of this program (housed at the Palmetto Center) to SCVRD was \$124.77 per bed occupied as of 01/12/2017. The Holmesview Center closed its operations following a 2016 fire incident.

SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT				
COST PER BED ANALYSIS				
SFY 2016				
	Palmetto Center		Holmesview Center	
	SFY2016		SFY2016	
	Memo Budget	Actual	Memo Budget	Actual
Total Expenditures	2,190,966	1,579,438	2,278,665	1,764,099
Less: Client Services		45,960		16,847
Net Expenditures		1,533,478		1,747,252
Add: Adm. Cost per Cost Allocation Plan		118,780		135,451
Total Expenditures		1,652,258		1,882,703
Number of beds		48		44
Bed availability per year in days		17,520		16,060
Total Cost per bed day		94.31		117.23
Bed Occupancy		13,242		12,555
Cost Per Bed Occupied		124.77		149.96

Other services provided to clients were the rehabilitation technology services to address physical limitations in the work place, cardiac rehabilitation services not covered by an individual’s insurance, doctor’s visits, medical procedures, assistance with work clothing and other initial employment needs, among others to address clients’ functional limitations to obtaining/maintaining employment.

SIG Assessment: There was no standard for the total number or cost of services provided by the SCVRD. However, according to SCVRD CSP section 50, all procurements are reviewed by quality assurance (QA) for reasonableness. For the SIG review, the total costs associated with the sample of cases was \$200,603. On average, each client received more than \$959 worth of services with 53 (25%) clients receiving free SCVRD services and two outlier cases of clients receiving medical services of more than \$15,000 and \$25,000.

G. Case Notes

The record of services provided to clients was contained in their case note summaries. For the SIG review, a comparison was made of services offered on the client’s IPE to that of services provided according to case note summaries for all 209 cases sampled. Summaries included notes from initial meetings with clients, procurements for services/ assessments, counseling and guidance sessions, case management actions, tasks performed by the Administrative Team Support Specialist (ATS), among other actions noted.

Counselors received training from the SCVRD state office and their Area Client Service Manager (ACSM) on proper documentation of case notes, to include information such as the client’s progress with his/her functional limitations, progress with employment, and next steps.

SIG Assessment: The SIG reviewed cases with executive management that, upon initial review, seemed inconsistent or inadequate in case note documentation. Management explained that instances of seemingly no service provision contained C&G sessions that were adequate to provide evidence of counselor activity, except in eight (8) cases. SCVRD staff emphasized that, “If it isn’t documented, it didn’t happen” yet these cases still passed through review for successful closure, as set forth below.

No.	SIG Finding	SCVRD Response
1	C&Gs when case opened and occasional C&Gs in 2014 and 2015. No other services.	Minimal C&G provided.
2	No services provided. Client was out of touch for periods of time.	Some C&Gs. Weak case.
3	No services provided. Three C&Gs only to ensure client still working.	Not a good example case
4	No services provided.	C&G in May and October 2015. Lack of documentation.
5	Client began working prior to IPE development and did not receive any VR services.	C&G provided regarding personality d/o and support of job. Lack of documentation.
6	Client obtained employment before eligibility was established and without the need for VR services.	More could have been done to address disability. Weak case example.
7	VR paid for client's CDL. No other services provided.	Client received stress mgmt CD. Gaps in contact. Lack of documentation.
8	No contact from 12/2014 to 05/2015. No other services provided.	Lost contact with client. Documentation does not indicate services provided.

H. Case Closure

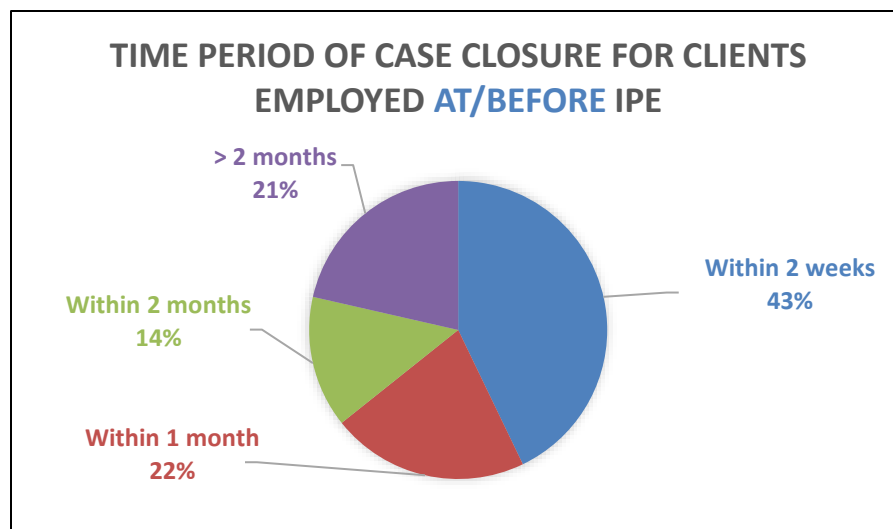
The SCVRD’s mission “*To prepare and assist eligible South Carolinians with disabilities to achieve and maintain competitive employment*” is measured by the client having steady employment for at least 90 days after receiving vocational rehabilitation services; unless the client was employed at time of IPE, in which the standard is 120 days. According to the SCVRD CSP, section 42, “A case is closed when services have been completed, when it is determined that no additional services are to be provided...” and documented using the SCVR Form 87a for a successful closure.

The 90-day/120-day minimum standard is in accordance with the SCVRD policy. However, there was no standard on the maximum number of days for counselors to keep a case open. According to the counselors interviewed, the length of time in which a case remained open depended on circumstances outside of the counselor’s control. For example, if a client stopped contact with the counselor it might take longer because the counselor would have to re-engage the client for services. In another instance, the client may have lost/changed employment prior to closure and therefore had to start over the 90-day follow-up period.

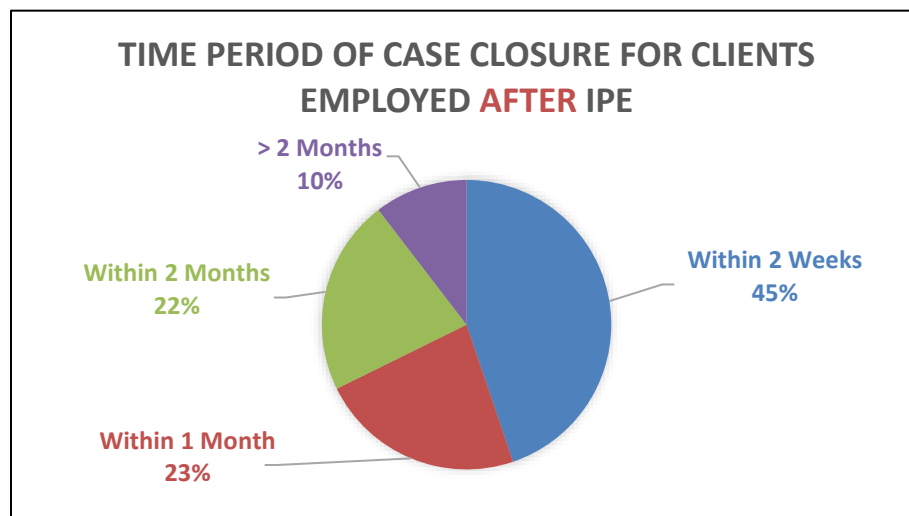
SIG Assessment: A review of closed cases of clients who achieved an employment outcome in FY 2016 (110 cases) supported the variation in the length of time of cases being closed. For 14 of the cases, the employment outcome was achieved either prior to or the same day as the IPE; therefore, those cases had to remain active for a minimum of 120 days from the date of the IPE. Clients’ cases were closed up to 281 days from date of the

SIG Assessment, cont.

IPE with nearly half (43%) of the cases being closed within 2 weeks of having their case in status “12” (IPE) or “20” (Job-ready) for 120 days.



In comparison, for 96 cases in which employment was achieved after IPE in FY 2016 and clients’ cases had to remain open for no less than 90 days, it took up to 249 days to close with nearly half (45%) of cases closed within 2 weeks of achieving a 90-day employment outcome.



Multiple variables determined when a case was ready for closure. However, the recurring theme echoed among counselors interviewed was the motivation to close a case in order to meet a successful closure goal. As can be seen in the above graphs, for nearly 50%, cases closed within two weeks of the minimum standard number of days.

I. Case Closure Goals

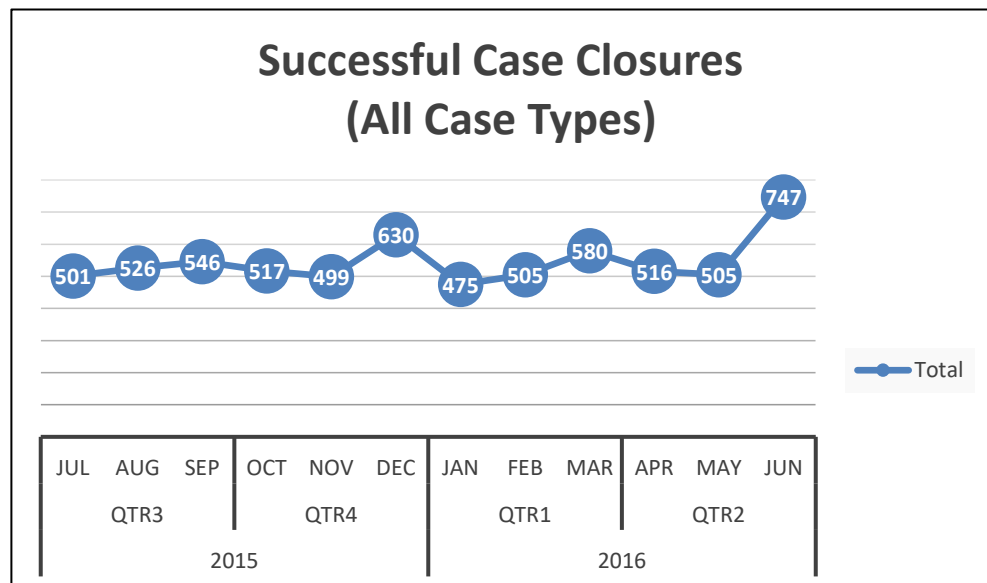
Annually, the SCVRD Board and commissioner projected the number of cases the agency needed to close successfully as the agency's goal. This goal was allocated among the SCVRD area offices. Area supervisors distributed each office's goal among its counseling staff.

SIG Assessment: Of the 11 counselors interviewed by the SIG, FY 2018 successful closure goals ranged from nine (9) to 35 cases with nine counselors having met their goal by June 30. Meeting this metric was important for counselors as it was a factor in their performance appraisal. Failure to meet the goal resulted in the counselor potentially being placed on a performance plan and could prevent a counselor from being reclassified/promoted. Discussion with staff revealed there were instances in which counselors (no longer employed at SCVRD) resorted to dishonest measures of misrepresenting client cases in order to meet successful closure goals.

The SCVRD staff interviewed, noted the following challenges counselors faced in meeting the goal:

- The amount of paperwork required is time-consuming. Counselors felt they were chasing down clients to get papers signed rather than providing quality services; and
- The pressure to close cases put counselors in the unwanted position to decide whether it was more important to close a case because the client had been employed the minimum number of days required or provide additional services to benefit the client.

SIG Assessment: As evidence of the push counselors felt to meet the goal, the below chart identifies a pattern of increased closures at the end of each quarter and a significant increase at the end of the fiscal year.



J. Quality Assurance

In accordance to the SCVRD CSP section 50, every case went through a review by the SCVRD area office compliance team made up of the ACSM and multiple levels of counselors, typically levels II and III. All cases were reviewed for eligibility, IPE and closure compliance. Cases may be reviewed at other phases also depending on the type of case. A case successfully closed went through at least an eligibility review, IPE and closure compliance. Twenty percent (20%) of the cases were reviewed for vocational assessment and eligibility by the SCVRD state quality assurance (QA) team and all procurements were reviewed to ensure expenditures were within reason.

Local office compliance teams used hard copy files, as well as electronic documents in the SCVRD case management system during their review, while state QA used only electronic records for its review. When reviewing for case closure, every case note was reviewed and was expected to have detailed information.

However, the SCVRD staff interviewed, noted the following challenges in documenting services:

- Sometimes interactions (ex. brief phone conversations) go undocumented due to time constraints in trying to juggle large caseloads and not having sufficient time to properly document every interaction with a client; and
- Malfunctions in the computer system were attributed to potentially irregular time stamps on one case reviewed by the SIG and suspected deletions of recorded case notes in another.

SIG Assessment: Compliance and QA staff depended on case notes to determine whether a case was ready for closure. No contact was made with the client as part of QA measures to ensure service delivery and quality of services provided to a client. The opportunity for counselors to misrepresent case notes to attain closure goals was present. Consequently, the use of case notes as evidence of a successful case closure seemed insufficient.

V. Summary

The SIG's review determined the irregular practice of counselors improperly documenting or embellishing client case closures in order to meet SCVRD annual goals was not systemic to the agency. The SCVRD staff interviewed demonstrated confidence and sincerity in their work to help individuals overcome functional limitations to achieve successful employment. Often SCVRD counselors mentioned putting the client's needs for quality services before the counselors' need to meet case closure goals. However, counselors admitted to feeling pressure to meet goals and feeling conflicted as to whether to close a successful case or provide those additional quality services to benefit the clients.

Counselors suggested the pressure could be alleviated if SCVRD: (1) used a qualitative standard as the measure of success; (2) eliminated closure goals; (3) did not penalize counselors if a client quit his/her job; and (4) held clients more accountable.

Counselors determined the amount of paperwork to close a case was also burdensome. Suggestions to alleviate this included: (1) employing staff who can travel to offices and assist with completion of paperwork so

counselors can focus on counseling services; (2) re-evaluating the necessity of the amount of paperwork counselors are required to complete; and (3) eliminating duplication of effort in which counselors have to handwrite and then electronically input information (ex. surveys).

During the review, the SIG met with the SCVRD commissioner to discuss the counselors' concerns and was informed of significant changes already planned for FY 2019 that would address many of the SIG's observations. The federal program, [Workforce Innovation and Opportunity Act \(WIOA\)](#), is a partnership between SCVRD and other agencies that will require a new set of common performance measures. The new measures will focus on clients receiving training, gaining skills, attaining degrees and will require counselors to extend their monitoring of clients' employment beyond 90/120 days. In addition, the SCVRD had already reduced the agency's goals for FY 2019 and was reviewing its processes and paperwork to ensure only necessary information was retained for SCVRD purposes.

As indicated by one SCVRD staff member, the new measures will force the agency to "slow down" and look at the way services are provided to clients. A successful case closure will mean more than 90/120 days of employment as the driving force for success.

VI. Finding and Recommendations

Finding #1: For eight (8) cases reviewed by the SIG, documentation in the case notes did not provide sufficient evidence of services provided.

Recommendation #1a: The SCVRD should consider tightening its controls in reviewing cases for closure to ensure adequate documentation is provided to legitimize a successful case closure.

Recommendation #1b: The SCVRD should consider, as part of its quality assurance/compliance, making contact with clients to ensure adequate services were provided.

Recommendation #1c: The SIG will provide case file identification for the eight deficient cases to the SCVRD separately.