

## ACT – RBHA and RSA/VR Referral Coordination Form

Member Name: \_\_\_\_\_  
Member Phone: \_\_\_\_\_  
DOB: \_\_\_\_\_ TXIX:  NTXIX:   
CIS#: \_\_\_\_\_  
AHCCCS ID: \_\_\_\_\_

PNO/Site: \_\_\_\_\_  
PNO Team Member: \_\_\_\_\_  
PNO Phone: \_\_\_\_\_  
PNO Team Member Email: \_\_\_\_\_

Per the Covered Services Guide Version 6.1: Psychoeducational services and ongoing support to maintain employment services are provided only if the services are not available through the federally funded Rehabilitation Act program administered by DES-RSA, which is required to be the primary payer for Title XIX eligible persons. The T/RBHA must monitor the proper provision of this service.

Referred to Vocational Rehabilitation (VR)?  Yes  No\*\*

Date referred/referral packet to VR: \_\_\_\_\_ Packet provided to: \_\_\_\_\_

Date of VR Information Session: \_\_\_\_\_

\*\*If member was **not** referred to VR program, please explain:

- Member's goal not job/work-related.
- Member refused VR services (documentation required in member clinical record).
- Member currently in VR program VR program staff: \_\_\_\_\_
- Other:

### Clinical Team Action:

Does member have an **employment /vocational/rehabilitation goal** on the Individual Service Plan (ISP)?

- Yes List current goal: \_\_\_\_\_
- No\* *If no, please update the ISP. Clinical documents must be current and reflect member's service need.*
- Completed **DB101 – Benefits Planning** with the member.

**Referral packet needs to be submitted to the RSA/VR Counselor within seven (7) business days:**

Rehabilitation Specialist/ACT Specialist

Date