

## RBHA and RSA/VR Referral Coordination Form – Gila & Pinal

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

HH Location: \_\_\_\_\_  
 HH Staff Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 HH Staff Email: \_\_\_\_\_

**Per AHCCCS AMPM-310-Covered Services 310-B:** 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 Arizona Department of Economic Security/Rehabilitation Service Administration (ADES/RSA) DES-RSA, which is required to be the primary payer for Title XIX/XXI eligible individuals. The following services are not TXIX/TXXI covered treatment services: Rehabilitative employment support assessments when available through the federally funded Rehabilitation Act program administered by the Tribal Rehabilitation Services Administration, and preparation of a report of a member's psychiatric status for primary use with a court.

The **Vocational Rehabilitation (VR) program** is a public program funded through a Federal/State partnership and administered by the Rehabilitation Services Administration (RSA), which is part of the Arizona Department of Economic Security (DES).

### Employment /Rehabilitation Services

**Supported Employment**

*Services to assist an individual obtain and maintain employment integrated in the community.*

- Job Search
- Job Preparation (resume/interview skills)
- Job Coaching/ on-going employment support

**Rehabilitation Services**

- Unpaid/ Paid Work-Related Activity

**Gila County Providers:**

- Beacon Group  MARC CR/COPA Health

**Pinal County Providers:**

- Beacon Group  Wedco

### Information that may assist the member in obtaining the employment goal:

**Unique Strengths:**

**Unique Needs/Challenges:**

### When referring a member for employment related services a referral must also be made to RSA/VR.

The **Vocational Rehabilitation** program provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.

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

**Date referred:** \_\_\_\_\_ **Date of VR Orientation:** \_\_\_\_\_

\*\*If member was **not** referred to VR program, indicate below:

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

**Clinical Team Reminder:**

Does member have an **employment /vocational/rehabilitation goal** on the service plan?

- Yes **List current goal:** \_\_\_\_\_
- No\* **If no, please update the service plan.** Clinical documents must be current and reflect member's service need.
- Informed member of **DB101 – Online Benefits Tool**

**Referral packet to be submitted to Provider/RSA-VR Counselor within seven (7) business days.**

\_\_\_\_\_  
**Employment/Rehabilitation Specialist and/or Clinical Team**

\_\_\_\_\_  
**Date**