

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

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

HH Location: \_\_\_\_\_  
 HH Staff Member: \_\_\_\_\_  
 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.**

Employment Services	Meaningful Activity
<input type="checkbox"/> <b>On-site Supported Employment</b> <input type="checkbox"/> <b>Network Supported Employment</b> <input type="checkbox"/> Job Coaching/ Job Support <input type="checkbox"/> Job Preparation (resume/interview skills) <input type="checkbox"/> Unpaid/ Paid Work Activity  Provider: <input type="checkbox"/> Beacon <input type="checkbox"/> *MARC CR/COPA Health <input type="checkbox"/> *Focus <input type="checkbox"/> *Lifewell <input type="checkbox"/> VALLEYLIFE <input type="checkbox"/> Wedco  *Location: _____	<input type="checkbox"/> Psychosocial Rehabilitation (Clubhouse/Village) <input type="checkbox"/> Supported Volunteering <input type="checkbox"/> Supported Education <input type="checkbox"/> Consumer Operated Services  Provider: <input type="checkbox"/> *CHR <input type="checkbox"/> *MARC CR/COPA Health <input type="checkbox"/> *Hope Lives <input type="checkbox"/> *Lifewell <input type="checkbox"/> *Resilient Health –Art Awakenings <input type="checkbox"/> *REN <input type="checkbox"/> *RI International <input type="checkbox"/> *STAR  *Location: _____
<i>When referring a member for employment related services a referral must also be made to RSA/VR.</i>	
<input type="checkbox"/> Other service to engage in meaningful activity:	
<b>Information that may assist the member in obtaining the employment goal:</b>	
<b>Unique Strengths:</b>	<b>Unique Needs/Challenges:</b>
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.	
<b>Referred to Vocational Rehabilitation (VR)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No** <b>Date referred:</b> _____ <b>Date of VR Orientation:</b> _____	
**If member was <b>not</b> referred to VR program, indicate below: <input type="checkbox"/> <b>Member's goal not job/work-related</b> <input type="checkbox"/> <b>Member refused VR services</b> (documentation required in member clinical record). <input type="checkbox"/> <b>Member currently in VR program</b> <b>RSA/VR program staff:</b> _____ <input type="checkbox"/> Other:	
<b>Clinical Team Reminder:</b> Does member have an <b>employment /vocational/rehabilitation goal</b> on the Individual Service Plan (ISP)? <input type="checkbox"/> Yes – <b>List current goal:</b> _____ <input type="checkbox"/> No* <b>If no, please update the service plan.</b> <i>Clinical documents must be current and reflect member's service need.</i> <input type="checkbox"/> Informed member of <b>DB101 – Online Benefits Tool</b>	
<b>Referral packet needs to be submitted to Provider/RSA/VR Counselor within seven (7) business days:</b>	

Rehabilitation Specialist/Clinical team

Date