Annual RBHA IHH/BHH Employment Related Training Attestation

The Statewide Collaborative Protocols established through the Interagency Service Agreement (ISA) between AHCCCS, and ADES/RSA/VR includes a training related item indicating on a quarterly basis, the Provider is responsible to provide training on employment-related topics to the provider clinical staff. Due annually on January 15. Submit via SFTP: ASOC_RBHAEmployTrainAtt_YYYYMM_Pro

Reporting timeframe: Calendar Year – January 1 – December 31

I, <First Name and Last Name>, representing <Enter Provider Organization Name>, (RBHA Provider) hereby certify that, to the best of my knowledge, the current rehabilitation specialist employed with the provider have provided quarterly training to the clinical team in the following areas:

- Supported Employment
- RSA/Vocational Rehabilitation program
- Disability Benefits 101 DB101
- Work Incentives (WI)
- ARIZONA@WORK
- Community Resources

The RBHA IHH/BHH provider is responsible to ensure rehabilitation specialist have provided training on an employment related topic to clinical staff and have retained training materials including sign in sheets for each session.

I certify that the above information related to training is true and accurate.

Reporting Calendar Year: <Enter Reporting Calendar Year>

<First Name and Last Name>  <Position Title, Provider Name>, Name and Title of Provider Representative

Signature of Provider Representative     Date Signed

Please Note: Mercy Care may request the Provider submit training related materials. The provider is required to submit the requested information within 10 business days from the date of the request.