

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

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

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

Per [AHCCCS Covered Behavioral Health Services Guide \(CBHSG\)](#): Pre-vocational services (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 ADES-RSA, which is required to be the primary payer for Title XIX eligible members. Members must be educated on the intended benefits of the ADES-RSA Vocational Rehabilitation program and decisions about participation must be documented accordingly, including in the service plan.

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).

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.

**Clinical Team staff:** ☐ Educated member on the intended benefits of the RSA/Vocational Rehabilitation program.

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

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

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

☐ **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** – Member's decision (Yes or No) about participation in the VR program is documented in the service plan.

☐ **No\*** If no, please update the service plan.

**NOTE:** Informed member of **DB101 – Online Benefits Tool**

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

Rehabilitation Specialist/ACT Specialist

Date