

Partners in Recovery

Vocational Rehabilitation

CMC or Department Name: Partners in Recovery Direct Care Clinics							
CMC or Department Procedure Name and Number: Vocational Rehabilitation							
Date of Inception:							
Previous Approval Date:							
Current Approval Date:							
Operational Scope:	<input checked="" type="checkbox"/> Clinical	<input type="checkbox"/> QI	<input type="checkbox"/> Network	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Claims	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

PROCEDURES

- I. Referrals for H2025/H2026/H2027-funded pre-vocational, vocational and psychoeducational services will be coordinated between the Vocational Rehabilitation (VR) Counselor and the Regional Behavioral Health Authority (RBHA) Rehabilitation Specialist/Case Manager. This includes Clubhouse, Supported Education, Sheltered Workshops, Daily Work/Daily Pay programs, Work Activities, and all Employment Services.

- II. The coordination of services will be documented on the RBHA/Rehabilitation Services Administration (RSA) Coordination Form with the Rehabilitation Specialist/Case Manager assuming primary responsibility for ensuring the appropriate signatures are on this form and the form is filed in the Rehabilitation section in the Client Record. This document should remain in the Client Record at all times (i.e., should not be purged) – signifying the coordination of and agreement to services and funding sources for the identified services.

- III. A Coordination Form should be completed for each different H2025/H2026/H2027-funded pre-vocational, vocational and psychoeducational service provider/service program to which a referral is made. There will be five possible outcomes on the Coordination Form:
 - A. VR Orientation Scheduled- Person is appropriate for VR and H2025/H2026/H2027 services being provided under RBHA funding are appropriate for transfer to RSA funding.
 - B. Services desired are not work-related/Consumer has no immediate work goal- Person may be involved in an H2025/H2026/H2027-funded education activity, work activity, daily work/daily pay situation where long term employment is not a goal.
 - C. Consumer refuses VR services (requires additional documentation, clinical supervisory review/sign off on Coordination Form)- There must be sufficient documentation/justification that a person’s history, illness or symptoms prevent him/her from working with RSA (e.g., aversion to/fear of working with a

government agency) for employment-related services, including H2025/H2026/H2027 codes.

- D. Clinical team determines consumer should address specific concern(s) prior to a VR referral being made- There may be specific concerns that the clinical team decides need addressed before a person pursues VR services, (e.g., recent medication change with strong side effects, recent change in living situation that was overwhelming to person, etc.) These concerns must be detailed, and a review timeframe noted on the form. A clinical supervisor signature is required for this outcome.
 - E. RSA determines consumer should address specific concern(s) prior to a VR referral being made- There may be specific concerns that RSA decides need to be addressed before a person pursues VR services, (e.g., documentation that issues preventing previous successful closure on an open VR case have not yet been addressed or resolved.) These concerns must be detailed, and a review timeframe noted on the form. A VR supervisor signature is required for this outcome.
 - F. Other (requires additional documentation and supervisory review/sign off on Coordination Form)- This category is for other exceptions not otherwise noted in the possible outcomes.
- IV. For persons identifying outcome III.A., a signed Coordination Form will enable the RBHA to fund psychoeducational services (H2027) and ongoing support to maintain employment services (H2025/H2026) while the VR case is being opened and an Individualized Plan for Employment (IPE) is developed. It is the expectation that RSA will open the case within 60 days, but not more than 90 days in exceptional cases, but services will be covered under Medicaid until the RSA case is opened and the IPE is in place. At no time will a service be terminated without notice and appeal rights being provided to the consumer.
- V. Coordination Forms should be reviewed and updated simultaneously with the Individual Service Plan (ISP) Annual Review to ensure services are still necessary, desired, and appropriate, and that the appropriate agency is funding these services.
- VI. Services not requiring the Coordination Form to be completed include:
- A. Skills Training and Development (H2014)
 - B. Psychosocial Rehabilitation Living Skills Training (H2017)
 - C. Peer Support Services (H0038, H0038HQ, H2016)
 - D. Extended Supported Employment (ESE) – only if the Status 22/ESE on the Coordination Form is signed and filed in the Rehabilitation section of the Client Record.
 - E. Any clinical service (Medication Management, Case Management, Comprehensive Assessment, Counseling, etc.)

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- F. VR Contracts
 - 1. Job development/job placement
 - 2. Job coaching
 - 3. Supported Employment
 - 4. Work Adjustment
 - 5. Job training
 - 6. All other VR awarded and funded contracts
 - G. For Persons who are not Title XIX eligible
 - VII. Services can be implemented prior to all parties signing the Coordination Form in specific situations or under specific circumstances:
 - A. Daily Work/Daily Pay or Work Activities where a specific employment goal has not been identified (this will only need to be done once with the same provider within a 1-year timeframe).
 - B. Sufficient documentation exists supporting one of the Partners in Recovery on the Coordination Form.
 - C. The missing signature can be obtained within the same week as services being implemented.
 - VIII. Copies of the Coordination Form should be sent to the Provider either in a referral packet, or as a separate page if the referral packet has already been sent. A copy will be sent to the Provider when it is initially completed, and a second copy sent after the final outcome/disposition occurs (i.e., person attends VR Orientation and VR opens a case).
 - IX. A copy of the Coordination Form should be provided to the VR Counselor upon its completion.
 - X. Proposed exceptions to these procedures must be staffed with and approved by the Magellan Health Services Director of Employment/Rehabilitation Services or the RSA Employment/Rehabilitation Coordinator.
 - XI. Any questions regarding the Coordination Procedures should be directed to the Magellan Health Services Director of Employment/Rehabilitation Services or the RSA Employment/Rehabilitation Coordinator.