Statewide Collaborative Protocols

Established through the Interagency Service Agreement (ISA) between AHCCCS and ADES/RSA

Developed in partnership with:
The Statewide Collaborative Protocols shall automatically renew on an annual basis and will only be amended as necessary to support the Interagency Service Agreement between ADES/RSA and AHCCCS.

### Contact Information

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<thead>
<tr>
<th>Arizona Health Care Cost Containment Services (AHCCCS)</th>
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<tr>
<td><strong>Adam Robson</strong>&lt;br&gt;Employment Administrator&lt;br&gt;801 East Jefferson St., Phoenix, AZ 85034&lt;br&gt;<a href="mailto:Adam.Robson@azahcccs.gov">Adam.Robson@azahcccs.gov</a></td>
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<tr>
<th>Rehabilitation Services Administration / Vocational Rehabilitation (RSA/VR)</th>
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<tr>
<td><strong>Alicia Ruiz</strong>&lt;br&gt;Statewide Behavioral Health Coordinator&lt;br&gt;1789 W. Jefferson Ave 2NW, Phoenix, AZ 85007&lt;br&gt;<a href="mailto:AliciaRuiz@azahcccs.gov">AliciaRuiz@azahcccs.gov</a></td>
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<th>Managed Care Organizations (MCOs)</th>
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<td><strong>Arizona Complete Health-Complete Care Plan (AzCH-CCP)</strong></td>
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<tr>
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</tbody>
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The Interagency Service Agreement (ISA) between Rehabilitation Services Administration (RSA) and Arizona Health Care Cost Containment System (AHCCCS) is a third-party cooperative agreement, as defined by the Rehabilitation Act of 1973, as amended, and its implementing Regulations 34 CFR 361.28, for providing enhanced and structured Vocational Rehabilitation (VR) services to individuals with Serious Mental Illness (SMI) determinations.
The purpose of this Agreement is to enhance the ability of members with SMI determinations to take their rightful places as participating members of the workforce and in their communities by increasing the number of employed mutually-enrolled individuals who are satisfied with their vocational roles and environments.

The RSA/VR program provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, and retain employment.

**Release of Information / HIPAA**

AHCCCS, the Managed Care Organizations (MCOs), and MCO Provider Organizations may share verbal and written information with ADES/RSA regarding members who may be referred to or are eligible for RSA/VR services. This may include, but not limited to, the following:

- Verbal Communication
- Providing an individual’s referral packet
- Participation with the behavioral health team to coordinate care

Releasing information regarding HIV status and treatment for alcohol or drug abuse must follow Federal Law. For additional information, refer to the ISA found at: https://www.azahcccs.gov/PlansProviders/HealthPlans/purchasing.html within the tab titled “Other Agreements/Contracts”.

**Co-Location of VR Counselors**

1. RSA/VR Counselors are assigned to specified outpatient or integrated care clinics (“Providers”) providing behavioral health services. RSA/VR Counselors are to provide a schedule of the dates they will be on-site and will include the RSA/VR Counselor’s contact information. Virtual office hours can also be provided.

2. The schedule of the RSA/VR Orientations, including dates, times, and locations, will be made available to Providers, and posted in highly visible areas, such as the lobby.

3. Providers must make available functional workspace for RSA/VR, including access to a confidential area for meetings with individuals that consists of a desk, chairs, and a telephone. Computers and internet access may also be available.

**VR Referral Process**

RSA/VR Orientations are to be conducted for individuals to learn about the employment services offered through RSA/VR. During these Orientations, individuals will gauge their interest and decide whether or not to participate in the RSA/VR program.

1. Providers must inform individuals regarding the RSA/VR program prior to attending the Orientation, including how RSA/VR is an employment program that may assist in pursuing a job goal. Providers are also expected to promote RSA/VR and encourage attendance at Orientations.

2. Orientations will be held for members affiliated with the Provider at a minimum of one time per month and at least one Provider staff must be present. Orientations may also occur through the RSA/VR office either in-person, virtually, or over-the-phone. One-on-one Orientations may also be conducted. RSA/VR will utilize the RSA/VR Orientation Power Point presentation.

3. The **VR Referral Feedback Form** will be completed for each individual that plans to attend the Orientation.
   - Providers will complete the top portion of the **VR Referral Feedback Form** to include verification of enrollment (SMI, GMH, SU) and send via email to the RSA/VR designee prior to the RSA/VR Orientation.
   - RSA/VR will complete the remaining sections of the document
   - RSA/VR and Provider will sign the form and a copy will be given to the Provider
• If an individual chooses to decline the RSA/VR program, the Provider will meet with the individual to discuss alternative options/services.
• If an individual does not attend ("no show"), the Provider will follow up with the individual.

4. If the individual chooses to apply for the RSA/VR program the following must occur:
• Verification of enrollment with a Health Plan, including verification of determination (SMI, GMH, SU).
  o If verification is needed to determine SMI status, please contact the Customer Service phone line for the respective MCO. RSA/VR will need to provide their name, title, and county they serve.). The MCO Customer Service phone numbers are:
    - Arizona Complete Health: (866) 495-6738
    - Mercy Care: (602) 586-1841 or (800) 564-5465
    - Health Choice Arizona: (800) 322-8670
• RSA/VR staff must request the referral packet from the Provider's designated employment personnel. Upon this request, Providers must submit the referral packet within 7 business days. Required documents included in the referral packet are listed in the table below.

<table>
<thead>
<tr>
<th>Member Referral Packet from Provider</th>
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<tr>
<td>Comprehensive Intake Assessment and/or SMI Determination/2nd Level Review</td>
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<tr>
<td>Annual Assessment (Part E)</td>
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<tr>
<td>Service Plan</td>
</tr>
<tr>
<td>Service Plan Review/Update</td>
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<tr>
<td>Most recent Psychiatric Evaluation</td>
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<tr>
<td>Most recent Psychiatric Progress Note</td>
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<tr>
<td>Medication Flow Sheet</td>
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<tr>
<td>Crisis Plan</td>
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<tr>
<td>Progress Notes (not to exceed 60 days)</td>
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<tr>
<td>Any relevant Vocational Assessment</td>
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<tr>
<td>Arizona Disability Benefits 101 (AZ DB101) Estimator Summary, if available</td>
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<td>Other information to the extent required to meet the purposes of this agreement</td>
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<td>Guardianship paperwork, if applicable</td>
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• RSA/VR will scan the VR Referral Feedback Form into LIBERA for individuals applying to the RSA/VR Program and will be placed into Status 00.
• RSA/VR will complete the Referrals Specifics Form (in LIBERA/System 7) to indicate the Target Group “VR Seriously Mentally Ill (SMI)”.

5. Upon receipt of the referral packet, RSA/VR has 3 business days to make initial contact to schedule an intake appointment. If unsuccessful in contacting the individual, the Provider will be notified. RSA/VR should schedule the intake appointment at the earliest possible availability.

6. VR program eligibility should be determined as soon as possible, with the best practice of Eligibility Determination occurring within 30 days of a signed VR application.

7. The VR Application Signature Form and VR Intake Form must specify “SMI” as the Special Project.
8. The VR Intake Form must have the “Additional Identifier” completed to specify “Serious Mental Illness-Assigned RBHA”.
9. The individual must be notified of the eligibility decision via letter and a copy must be provided to the Provider by RSA/VR.

**Communication/Coordination**

1. RSA/VR and Provider’s designated employment personnel are required to meet on a frequent and ongoing basis, at a minimum every 5 business days. These meetings are referred to as “weekly consultations”.

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2. Weekly consultations may be face-to-face, via email, via videoconferencing, or via telephone to discuss, at a minimum, the following:

- Potential referrals
- Recent RSA/VR program case status movement, including client participation in RSA/VR-funded services.
- Individualized Plan for Employment (IPE) Development
- Significant changes (e.g., obtained employment, lost employment, graduated from training/school, hospitalizations, medication changes, changes in contact information, etc.)
- Engagement in behavioral health services, including employment
- Provision of Extended Supported Employment (ESE) services (individuals engaged in ESE services)
- Individuals identified as needing additional support to remain engaged throughout the RSA/VR program
- Any barriers to employment
- Closures

3. If individuals are not maintaining engagement with the RSA/VR program due to loss of contact, inability to locate, or no longer interested in RSA/VR services, prior to initiating the RSA/VR closure process, discussions regarding the individual must occur.
   
   a. In addition to active outreach to the individual per RSA/VR policy, RSA/VR must also attempt to contact the individual’s emergency contact and the Provider the individual is enrolled with. If contacting the Provider and unable to reach an employment staff, RSA/VR must contact the individual’s case manager, or another clinical team member.

   b. Providers must make all reasonable efforts to meet with the individual and discuss their RSA/VR services. Providers may also utilize different techniques, such as Motivational Interviewing, to assess the individual’s readiness and ability to continue with their RSA/VR services. Providers must educate the individual on the benefits of remaining with RSA/VR and then update RSA/VR on the outcome.

   c. All re-engagement efforts must be documented and available for review in the member records.

4. Providers are responsible for seeking RSA/VR input for the individual’s Service Plan.

5. RSA/VR and Providers are responsible for sharing pertinent information with any involved third-party employment providers.

6. Required RSA/VR documentation, as listed in the table below, is to be provided to the Providers and filed in the individual’s Medical Record.

<table>
<thead>
<tr>
<th>RSA/VR Documentation</th>
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<tbody>
<tr>
<td>VR Referral Feedback Form</td>
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<tr>
<td>Combined VR Eligibility Letter</td>
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<tr>
<td>Individualized Plan for Employment (IPE)</td>
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<tr>
<td>ESE meeting progress note</td>
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<tr>
<td>Closure Decision Letter (15-days until closure)</td>
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<tr>
<td>Closure Justification Template (officially closed)</td>
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<tr>
<td>Other information to the extent required to meet the purposes of this agreement</td>
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7. RSA/VR will provide a LIBERA/System 7 list of mutually-enrolled individuals to the Provider on a monthly basis that includes, but not limited to, date of birth, RSA/VR status, and status date.

**Supported Employment/Extended Supported Employment (SE/ESE)**

Everyone could benefit from support at work. For many people that support can come from family members or friends. For others, the best support comes from co-workers. For working individuals who also have mental health challenges, additional and specialized supports may be needed. These specialized supports are often referred to as Job Coaching Services, or ongoing support.
Job Coaching supports or services for an individual may include, but are not limited to, the following: handling pressure; adjusting to change; getting along with co-workers; dealing with mental health issues; negotiating for “reasonable accommodations”; discrimination on the job; and managing finances and benefits.

For the purposes of the ISA and these Statewide Collaborative Protocols, Job Coaching is referred to as Supported Employment (SE) and is provided by and funded by RSA/VR, while Extended Supported Employment (ESE), or long-term Job Coaching, is provided by and funded by the MCOs.

RSA/VR and Providers will have conversations with the individual regarding the benefits of ESE services throughout the rehabilitation process.

1. Upon obtaining employment, RSA/VR will place the case into Status 22.
   • RSA/VR will inform the Provider of the individual’s decision regarding ESE services. If an individual chooses not to accept ESE services, no ESE meeting is necessary. The discussion and decision must be documented.
   • RSA/VR will have monthly meetings with all employed individuals to follow up on any needs, services, and updates.

2. Once job stability has been attained, as determined by the individual, RSA/VR, the Provider, and the RSA/VR contracted Job Coach, RSA/VR will schedule an ESE meeting. Prior to the ESE meeting, Providers will need to facilitate the update of the individual’s behavioral health Service Plan to indicate the individual’s service need for long-term job coaching. The ESE meeting is intended to discuss the individual’s employment and successes, next steps with RSA/VR, and how the ongoing employment support services are provided through the MCO moving forward. Attendance at the ESE meeting must include the individual, RSA/VR staff, the Job Coach, the Provider, and anyone else the individual would like to invite.
   • ESE meetings may occur via in-person, via videoconferencing, or via telephone, and is organized by the RSA/VR staff.
   • ESE meeting progress note must be provided to the Provider for the individual’s medical record.
   • ESE meeting must occur to transfer the funding source from RSA/VR to the MCO, after which ESE services begin.

3. The individual must remain in Status 22 with RSA/VR for a minimum of 90 calendar days after the ESE meeting occurs. RSA/VR closure (Status 26) will occur after that timeframe, as long as the individual continues to have job stability.

4. After the ESE meeting, Providers are responsible for ensuring Job Coaching services occur with the member when the need is identified.

Training

1. The AHCCCS Employment Administrator, the RSA/VR Statewide Behavioral Health Coordinator, MCO Employment/Vocational Administrators, RSA/VR Behavioral Health Counselors, and Provider employment personnel are required to attend ad hoc Bi-Annual ISA Coordination Meetings.

2. On a quarterly basis, the Provider is responsible to provide training on employment-related topics to the Provider clinical staff.

3. The Provider should also include RSA/VR staff to provide a VR overview presentation at least bi-annually.

Dispute Resolution

In effort to resolve any disputes/concerns at the lowest level of intervention, a dialogue between the two involved parties is encouraged. Staff may consult with supervisory staff for guidance at any time, but the dispute/concern should first be addressed between the people directly involved.

A dispute or concern that is not able to be resolved between the parties will employ the following procedures to achieve a resolution.
Steps for Dispute Resolution:

1. Meeting will occur with the involved parties and their direct supervisors.
2. Meeting will occur with the involved parties; their direct supervisors; Provider leadership; MCO Employment/Vocational Administrator, or designee; the RSA Statewide Behavioral Health Coordinator, or designee; and the AHCCCS Employment Administrator.

The MCO Employment/Vocational Administrator and the RSA Statewide Behavioral Health Coordinator, or designee, may be consulted at any point in the dispute resolution process and respond accordingly.
Statewide Collaborative Protocols
Signature Page

Adam Robson
AHCCCS Employment Administrator
Date 12/2/2021

Alicia Ruiz
RSA Statewide Behavioral Health Coordinator
Date 12/7/2021

Lydia L’Esperance
Mercy Care Employment/Vocational Administrator (or designee)
Date Dec 2, 2021

Lyle Ford
Arizona Complete Health-Complete Care Plan Employment/Vocational Administrator (or designee)
Date 12/2/2021

Cynthia M. Ross
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Date 12/7/2021

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