



ECF CHOICES MOU Notification Form

Service Recipient Name: _____

ECF MCO Support Coordinator Name: _____

ECF MCO Support Coordinator Email Address: _____

VR Counselor Name: _____

VR Counselor Email Address: _____

Action Item: <i>Documentation or Notification</i>	Date Completed: <i>Enter N/A if not needed</i>	Responsible Party: VRC or MCO SC or Provider	VR Status Code: (if applicable)
ECF CHOICES Member Referred to VR (Referral Form and Supporting Documentation Sent to VR with this MOU Notification Form)		MCO SC	
Authorization of temporary continuation of ECF CHOICES employment services, if applicable		MCO SC	
VR Determination Eligibility Ineligibility		VRC	STATUS 10 STATUS 08
Individualized Plan for Employment developed and sent to MCO SC		VRC	STATUS 12
VR Services start date		VRC	STATUS 18
Member starts new job		VRC; Provider	
Members changes jobs, if applicable		VRC; Provider	
Member expected to reach Job Stabilization within four weeks or less; Extended Support Plan (ESP) finalized		VRC	
Confirmation of ECF CHOICES Services authorized (to prevent delay or gap in service when VR services end)		MCO SC	
Member reaches Job Stabilization; Extended Support Plan (ESP) and ECF ongoing services begin.		VRC	STATUS 22
VR Case Closure letter (include previous 90 days of Employment Provider Progress Notes)		VRC	STATUS 26 STATUS 28 STATUS 30

Other (provide details):
