

BIOHAZARD CRISIS CLEANING REQUEST

Name:	Date of Request:
CIS Number:	Date Service Needed:
PNO:	Site:
RD:	CD/SA:
CM:	
T19/NT19:	Date of AHCCCS Verification:

PLEASE SUBMIT PICTURE DOCUMENTATION WITH THIS REQUEST TO SUPPORT THE BIOHAZARD IN THE HOME

To best assist in reviewing request, please provide the reason for biohazard cleaning. Please specifically list the biohazardous materials (blood, feces, urine) in the home, and indicate how/why the home got in the present condition. Please explain the specific areas/rooms of the home that are affected by biohazardous materials.

Please provide a typed clinical justification for the above service and how it directly relates to the recipient's service plan:

What community services have been explored?

Examples include: State, county or municipal community resource listings; charitable organizations; natural support systems; and possible payment plans with cleaning company. Please be specific.

What follow up support will be provided to the recipient with maintaining independent living?

SA/CD approval or denial:

Date of approval/denial:

RD approval or denial:

Date of approval/denial:

RBHA Approved:

RBHA Denied:

*Please send via email to SMIMemberServicesRequest@mercymaricopa.org

Biohazard Cleaning Process

All Biohazard Cleaning requests will be reviewed by the RBHA Adult System of Care department to determine appropriateness of the request. Biohazard Cleaning requests will be reviewed within 72 hours of the submittal and an approval/denial will be generated within this specified time frame. Biohazard Cleaning requests are not a covered service and are reviewed on a case by case basis. The member must be SMI and enrolled with Mercy Care RBHA.

1. In order for the request to be determined appropriate the following stipulations must exist:
 - a. Has not used cleaning resources funded by the RBHA in the past fiscal year
 - b. The clean will have positive impact on the MEMBER 's quality of life and will be supported by their treatment plan
 - c. The treatment team/MEMBER have exhausted all alternatives for funding
 - i. Treatment teams have documented attempts to identify alternative funding or resources prior to submission of the cleaning request. Written documentation of resources checked and outcomes is required to complete the request. Examples of possible resources are:
 1. State, county or municipal community resource listings;
 2. Charitable organizations;
 3. Natural Support systems; and
 4. Possible payment plans with cleaning company
 5. Discussions with landlord regarding onsite cleaning or resources through the place of residence.
 - d. The request will be reviewed and submitted by the regional director.
2. After approval is received from the ASOC department the following will occur from the O/P PNO team:
 - i. ASOC will submit to CAPSTONE for an estimate. CAPSTONE will contact Clinical team to schedule estimate. Clinical team should be present at the time of estimate for support for member (if they are currently residing in the home).
 - ii. After estimate is received, ASOC will send approval to CAPSTONE and clinical team.
 - iii. Clinical team will contact CAPSTONE to schedule cleaning at 602-826-2306.