

## MOVING REQUEST

<b>Name:</b>	<b>Date of request:</b>
<b>CIS Number:</b>	<b>Date service needed:</b>
<b>PNO:</b>	<b>Site:</b>
<b>RD:</b>	<b>CD/SA:</b>
<b>CM:</b>	
<b>T19/NT19:</b>	<b>Date of AHCCCS verification:</b>

Provide the reason for the move, approximate square footage, number of rooms, and roughly how many big/small items with which this member needs assistance:

Is this move to/from a storage facility? YES  NO  If yes, provide the location and hours of the facility:

Provide clinical justification for the above service, including how it directly relates to the recipient's service plan:

What community services have been explored? For example, state, county or municipal community resource listings; charitable organizations; natural support systems; and possible payment plans with moving company. Be specific.

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

SA/CD approval or denial:                      Date of approval/denial:

RD approval or denial:                      Date of approval/denial:

RBHA Approved

RBHA Denied

Send this form via email to [smimemberservicesrequest@mercymaricopa.org](mailto:smimemberservicesrequest@mercymaricopa.org).

## Moving Approval Process

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The RBHA Adult System of Care department will review moving requests to determine appropriateness of the request. They'll review the moving requests and generate an approval/denial within 72 hours of submittal. Moving requests aren't a covered service. The ASOC department will review requests on a case-by-case basis. The individual must have an SMI determination and be enrolled with Mercy Care RBHA.

1. In order for the request to be determined appropriate, the following stipulations must exist:
  - a. The member hasn't used moving resources funded by the RBHA in the past fiscal year
  - b. The move 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 moving 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 moving company
      5. Discussions with landlord regarding onsite resources through the place of residence.
  - d. The regional director will review and submit requests
2. After approval is received from the ASOC department, the following will occur from the O/P PNO team:
  - i. For moving, contact Mario at Fast Action Movers at 602-348-6613
  - ii. Ensure that MEMBER has all necessary items to pack their current placement. The MEMBER must be packed and ready for the move at the agreed upon time by mover/clinical team.
    1. We suggest that a member of the clinical team meet with the MEMBER prior to the date of the move to ensure that the current home is ready for the move.
    2. We also recommend that a member of the clinical team be available at the scheduled move time to ensure the MEMBER has support necessary to make the move successful.
    3. The use of Fast Action Movers is intended as an aide in the move of a member who has exhausted all resources and has no ability to plan for the move. Thus, we anticipate this service will be completed within 2 weeks of the service being authorized. If the move must occur beyond the 2 week approval period, the clinical team will communicate with the RBHA about the delay in moving.