

TEMPORARY HOTEL ASSISTANCE/EXTENSION REQUEST PROCESS CHECKLIST

Member NAME: _____

All packets are required to have the following information:

REQUIRED DOCUMENTS	YES	NO
ISP listing: 1. Hotel Assistance as a service stating the need 2. Vendor name 3. Amount requested 4. Date of funds request 5. The member's and Behavioral Health Professional's (BHP) signatures on the signature page	<input type="checkbox"/>	<input type="checkbox"/>
Vendor W-9 completed and signed by the vendor (must match service ticket)	<input type="checkbox"/>	<input type="checkbox"/>
PROGRESS NOTE: Explain the specific reason for the Hotel Assistance request including: 1. Documentation of open conversation with recipient 2. Explain the specific reason WHY the recipient is unable to pay for the hotel stay 3. Explain what support services are being put in place to assist the member while in the hotel and supports for the future	<input type="checkbox"/>	<input type="checkbox"/>
PROGRESS NOTE: Alternate solutions that have been attempted/community resources explored (including clinical team's and member's outreach to informal supports as in family, friends, or guardian to discuss the possibility of a temporary stay)	<input type="checkbox"/>	<input type="checkbox"/>
PROGRESS NOTE: Clinical team justification for emergency hotel situations with transition planning.	<input type="checkbox"/>	<input type="checkbox"/>
PROGRESS NOTE: Vendor discussion regarding ability to receive a corporate check (please note checks cannot be processed electronically)	<input type="checkbox"/>	<input type="checkbox"/>
BUDGET: 1. Include ALL sources of HOUSEHOLD income and ALL expenses 2. Demonstrates ability to maintain going forward (must not be negative) 3. If budget is \$10 or less difference, report how the member can budget for future expenses	<input type="checkbox"/>	<input type="checkbox"/>
BILLING SERVICE TICKET - The requested amount and the vendor must match what is listed on the W-9. The amount must match the invoice provided.	<input type="checkbox"/>	<input type="checkbox"/>
VALID IDENTIFICATION: A copy of an identification as it is required to check in at a hotel	<input type="checkbox"/>	<input type="checkbox"/>
VISPDAT: Completed and reflecting the member is able to live independently	<input type="checkbox"/>	<input type="checkbox"/>
AHCCCS VERIFICATION: Verification of SMI status	<input type="checkbox"/>	<input type="checkbox"/>

All requests should be reviewed and approved by the Regional Director prior to submitting via email to:

SMIMemberServicesRequest@MercyCareAZ.org