

Transitional Living & Planning Application

Program Descriptions

Recovery Innovations and TLP are short-term transitional living opportunities for up to 30-days to assist a member's transition into their next step which may include treatment or housing. TLP is operated by Lifewell Behavioral Wellness.

Recovery Innovations' goal is to provide a short-term (up to 30-days) peer supported transitional housing opportunity to members receiving assistance for serious mental illness with a focus on supporting members to develop and implement a Self-Directed Recovery Plan. Using the 5 recovery pathways (hope, choice, empowerment, spirituality, and recovery environment) Recovery Innovations' Coaches will connect with each member to create relationships that will empower them to find meaning and purpose in their recovery journey. The peer support assistance offered will support and promote recovery in all aspects of the member's life. The level and types of assistance received will depend on their needs and choices, which will be individualized and directed by each member.

- Hours of operation: 8:00 a.m. to 8:00 p.m.
- Living skills training
- Support provided by Certified Peer Support Specialists with lived experiences
- Community support services and resources for integration back into the community
- Members will be invited to participate in several recovery opportunities including classes offered by Recovery Innovations Wellness City and Recovery Education Center and social events offered by RI's Circle of Friends

TLP-Lifewell- Transitional Living Planning

This is a transitional living opportunity lasting **up to 30-days**. Support to find long term housing options and skill building around applying for and securing long term housing.

Personal Support Assistance is home & site-based skill building services designed to enhance independent living skills to attain community tenure. Assistance includes but is not limited to: budgeting, self-management, food preparation, transportation, assistance with self-administration of medication and wellness.

- Hours of Operation: 7:00 a.m. 11:30 p.m.
- Self-Administration of Medications is individually based and services are provided out of the Lifewell outpatient facility 7 days a week.

HOW TO ACCESS RESTART/TLP-

- 1. The clinical team will assess the member for appropriateness/need for Transitional Living & Planning.
- 2. Complete application if member is in need and is appropriate for placement.
- 3. The clinical team will email completed and signed application to ***TLP@MercyCareAZ.org***
- 4. The Mercy RBHA UM Department will process the application and inform clinical team of receipt of TLP application by email.
- 5. Mercy RBHA UM Department will refer to the appropriate agency based upon availability and inform clinical team, provider, social worker and care management if applicable.
- 6. Clinical team will coordinate with the provider to schedule screening/intake to the program within two (2) business days of referral.
- * This application is good for a 30-day period of time. A new application will be required if 30-days have passed or circumstances have changed.
- ** IMPORTANT: This is a 30-day transitional planning opportunity. One of the transition plans developed should be achievable within 30 days. Only one RHBA funded/ offered plan should be included in the transition plans.

mercy maricopa integrated care

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Please complete this form electronically, print/scan and email to: TLP@mercymaricopa.org

<u>Background Information:</u> Member Name:	Gender:	DOB:		
AHCCCS ID:	AHCCCS T19:	SMI Status:		
Social Security Number:	Does member have a Social Security Card:			
Does member have a State ID:	Does member have a Birth Certificate:			
COT: PNO:	Clinic:	ACT:		
Does member have a Guardian:	If Yes, Name and Contac	t Information:		
Does Member require Special Assistance:	e: If Yes, Name and Contact Information:			
Clinical Director:	Clinical Director Email:			
Clinical Coordinator:	Clinical Coordinator Email:			
Case Manager:	Case Manager Email:			
Member's Current Location:	Member's Prior Living Ar	rrangement:		
Does member have any Felony Charges: If Yes, Please Specify:				
Does member have Parole/Probation Officer: If Yes, Name and Contact Information:				
Tuestment Coals				
Treatment Goals Is Member Able To Do The Following:				
Take Medications Without Prompting: Personally Manage Overnight Needs:				
Is the Member Currently Prescribed Methadone? If Yes, do they have an outpatient provider, please include contact information?				
In the last 6 months any history of Passive Suicidal Ideation:				
Dress Independently: Bathe	: Co	ook:		
Clean: Shop for Food/Perso	onal Needs: U	se Public Transit:		
Manage Finances: Payee Information, if Applicable:				
Does Member have Income: If Yes, Amount and Source:				
Able to Stand Independently: If No, What Type of Assistance is Needed:				

IMPORTANT: This is a 30-day transitional program. One of the transition plans developed with the member should be achievable within 30-days. Only one (1) RBHA funded/offered service plan should be included in the transition plans identified.

If No, What Type of Assistance is Needed:

Able to Walk Independently:



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<u>Transition Planning</u> : (only <u>1</u> option needed for Plan A)			
Plan A (RBHA Funded/Offered Services) Does the Member Require Treatment?	If Yes, Please Specify Type:		
Has an Application Been Submitted to <u>FlexCare@mercymaricopa.org</u> :			
Does the Member Need Housing? If	Yes, Please Specify Type:		
Has an application been submitted to <u>Housing@mercymaricopa.org</u> :			
Plan A (Non-RBHA Funded/Offered Services) Other, please Specify (Might be another option from Plan B)			
Plan B Community Housing Resource Option? Possible Community Housing Resources Might Include, but are Not Limited to the Following: Section 8 (city specific) Independent Living Living with Family/Friends Shelters Halfway Houses ABC/Hom Inc. Other Non-RBHA Community Treatment Option			
Does the Member Have or Will Have in the Near Future (30 days) a Housing Voucher?			
If Yes, has a Permanent Supportive Housing (PSH) Provider been Selected?			
If Yes, which provider has been selected?			
PSH providers include the following along with their contact phone numbers: PSA 602-995-1767 CBI (Community Bridges Inc.) 480-356-1758 Southwest Behavioral & Health 602-234-3338 Marc Center 480-330-5071 AHCCMS (Arizona Health Care Contract Management System) 602-230-2222			
Member Name:	Signature:	_Date:	
Clinical Coordinator Name:	Signature:	_Date:	
Clinical Director Name:	Signature:	Date:	

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