

1 **450 OUT-OF-STATE PLACEMENTS FOR BEHAVIORAL HEALTH**
2 **TREATMENT**
3

4 REVISION DATE: (TBD), 8/4/2021

5 REVIEW DATE: 11/7/2023

6 EFFECTIVE DATE: October 1, 2019

7 REFERENCES: AHCCCS Behavioral Health Covered Services Guide, AHCCCS
8 Division Medical Policy AMPM 450 and Exhibit 450-1

9
10 DELIVERABLES: Out of state placements

11 **Purpose**

12 This policy applies to the Division's of Developmental Disabilities' (Division)
13 Administrative Services Subcontractors (AdSS). The Division contracts with
14 AdSS and outlines the duties and responsibilities delegated to the AdSS for
15 eligible Division Member's enrolled in a Division subcontracted health plan in
16 need of out-of-state out of state placements for behavioral health
17 treatment. responsibility of implementing this policy. The purpose of this policy
18 is to provide criteria and procedures for the Division's AdSS in the event that
19 an out of state placement for behavioral health treatment is medically/clinically
20 necessary and supported by the Child and Family Team (CFT) or Adult
21 Recovery Team (ART).

22 **Definitions**

23 Adult Recovery Team (ART) - A group of individuals that, following the nine
24 Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and
25 Systems, work in collaboration and are actively involved in a member's
26 assessment, service planning, and service delivery. At a minimum, the team
27 consists of the members, guardian/designated representative (if applicable),
28 advocates (if assigned), and a qualified behavioral health representative. The
29 team may also include the enrolled member's family, physical health,
30 behavioral health or social service providers, other agencies serving the
31 member, professionals representing various areas of expertise related to the
32 member's needs, or other members identified by the enrolled member.

33 Child and Family Team (CFT) - A defined group of individuals that includes, at
34 a minimum, the child and the child's family, a behavioral health
35 representative, and any individuals important in the child's life that are
36 identified and invited to participate by the child and family. This may include
37 teachers, extended family members, friends, family support partners,
38 healthcare providers, coaches, community resource providers, representatives
39 from churches, synagogues, or mosques, and agents from other service
40 systems like the Department of Child Safety (DCS) or the Division of
41 Developmental Disabilities (Division). The size, scope, and intensity of
42 involvement of the team members are determined by the objectives

43 established for the child, the needs of the family in providing for the child, and
44 by who is needed to develop an effective service plan and can therefore
45 expand and contract as necessary to be successful on behalf of the child.

46 Service Plan - A ~~complete~~ written description of ~~all~~ covered health services
47 and other ~~informal~~ supports that includes individualized goals, family support
48 services, care coordination activities, and ~~plans~~ strategies to ~~help~~ assist the
49 member ~~better their~~ ~~in achieving an improved~~ quality of life.

50 **Policy**

51 **A. General Requirements**

52 It may be necessary to consider an out-of-state placement to meet the
53 member's unique circumstances or clinical needs. Decisions to place
54 members in out-of-state placements for behavioral health care and treatment
55 shall be examined by the AdSS and made after the CFT, ART, or TRBHA have
56 reviewed all other in-state options. Other options may include single case
57 agreements with in-state providers or the development of a Service Plan that
58 incorporates a combination of support services and clinical interventions.

59 Services provided out-of-state shall meet the same requirements as those
60 rendered in-state. AdSS shall also ensure that out-of-state providers follow

61 all AHCCCS reporting requirements, policies, and procedures, including
62 appointment standards and timelines specified in [AHCCCS Policy AdSSACOM](#)
63 [Operations](#) Policy 417.

64 Out-of-state placement providers shall coordinate with the AdSS, TRBHAs,
65 DFSSM and Fee-For-Service providers to provide required updates.

66 The following factors may lead a member's CFT or ART to consider the
67 temporary out-of-state placement:

- 68 1. The member requires specialized programming not currently
69 available in Arizona to effectively treat a specified behavioral
70 health condition.
- 71 2. An out-of-state placement's approach to treatment incorporates
72 and supports the unique cultural heritage of the member.
- 73 3. A lack of current in-state bed capacity.
- 74 4. The geographic proximity of the out-of-state placement supports
75 and facilitates family involvement in the member's treatment.

76 Prior to placing a member in an out-of-state facility for behavioral health
77 treatment, the CFT, ART, AdSS provider and/or TRBHA shall ensure that:

- 78 1. The member's family/guardian/designated representative is in
79 agreement with the out-of-state placement.
- 80 2. The out-of-state placement is registered as an AHCCCS provider.
- 81 3. Prior to placement, the AdSS, TRBHA, and Fee-For-Service
82 providers shall have a plan in place to ensure the member has
83 access to non-emergency medical needs by an AHCCCS
84 registered provider.
- 85 4. The out-of-state placement meets the Arizona Department of
86 Education Academic Standards for members up to the age of 21
87 years.

88 **B. Out-of-State Placement Documentation Requirements**

89 The AdSS and/or TRBHA shall ensure that documentation in the clinical record
90 indicates the following conditions have been met before a referral for an out-
91 of-state placement is made:

- 92 1. The CFT or ART, and/or TRBHA has reviewed all in-state ~~in-state~~
93 options and determined that an out-of-state facility is required in
94 order to meet the needs of the member.
- 95 2. The CFT or ART has been involved in the service planning process

- 96 and is in agreement with the out-of-state placement.
- 97 3. The CFT or ART has documented how they will remain active and
98 involved in service planning once the out-of-state placement has
99 occurred.
- 100 4. A Service Plan has been developed.
- 101 5. All applicable prior authorization requirements have been met,
102 ~~including a second level review completed by the Division's Chief~~
103 ~~Medical Officer or designee.~~
- 104 6. The Arizona Department of Education has been consulted to
105 ensure that the educational program in the out-of-state placement
106 meets the Arizona Department of Education Academic Standards
107 and the specific educational needs of the member as applicable.
- 108 7. Coordination has occurred with all other state agencies and/or
109 Contractors or TRBHA involved with the member. IHS/638 tribally
110 operated facilities coordinating out-of-state placement for an AdSS
111 enrolled member shall coordinate efforts with AdSS of Enrollment
112 prior to placement, including coordinating with any IHS/638
113 providers located out of state. ~~In addition, the Chief Medical~~

114 ~~Officer or their designee of the Division must be notified.~~

115 8. Coordination shall occur between the member's primary care
116 provider and the AdSS and/or TRBHA to develop a plan for the
117 provision of any necessary, non-emergency medical care. All
118 providers shall be registered AHCCCS providers.

119 **C. Member's Service Plan**

120 For a member placed out-of-state, the Service Plan developed by the CFT,
121 ART, or TRBHA (including the member's Support Coordinator) shall require
122 that:

- 123 1. Discharge planning is initiated at the time of admission and
124 includes:
- 125 a. The measurable treatment goals being addressed by the out-
126 of-state placement and the criteria necessary for discharge
127 back to in-state services;
 - 128 b. The possible or proposed in-state residence where the
129 member will be returning;
 - 130 c. The recommended services and supports required once the
131 member returns from the out-of-state placement;
 - 132 d. How effective strategies implemented in the out-of-state
133 placement will be transferred to the members' subsequent

- 134 in-state placement; and
- 135 e. The actions necessary to integrate the member into family
- 136 and community life upon discharge, including the
- 137 development of a [safetyerisis](#) plan.
- 138 2. The AdSS and/or TRBHA provider shall ensure coordination
- 139 between the CFT/ART and the out-of-state placement, and
- 140 document how they will remain active and involved in service
- 141 planning by reviewing the member's progress, after significant
- 142 events or at least every 30 days. ~~TRBHAs shall notify DFSM Case~~
- 143 ~~Managers about the plan to place member out of state.~~
- 144 3. When appropriate, the member/[responsible person](#)~~Health Care~~
- 145 ~~Decision Maker~~ and designated representative is involved
- 146 throughout the duration of the placement. Involvement may
- 147 include family counseling in-person or by teleconference or
- 148 videoconference.
- 149 4. Home passes are allowed as clinically appropriate and as allowed
- 150 by the provider type. For youth in DCS custody, approval of home
- 151 passes is determined in collaboration with DCS.
- 152 5. The member's needs, strengths, and cultural considerations have

153 been addressed.

154 **D. Notifications to AHCCCS/Division Health Care Management**
155 **(DHCM)/Division**

156 1. ~~The AdSS and Fee For Service providers~~ shall notify AHCCCS and
157 the Division through the AHCCCS QM Portal, prior to or upon
158 notification of a member being placed in an out-of-state
159 placement.

160 2. The Division shall review the information to ensure all of the
161 requirements in this Policy have been met. The Division shall
162 acknowledge receipt within one to three business days. If the
163 information is incorrect or incomplete, the Division shall notify the
164 AdSS provider to correct the submission within three business
165 days.

166 3. The AdSS shall report progress updates to the Division through
167 the AHCCCS QM Portal every 30 days that the member remains in
168 the out-of-state placement. The 30-day update timeline shall be
169 based upon the original date the member is admitted to the out-
170 of-state Placement facility. If the date falls on a weekend or
171 holiday, it shall be submitted on the next business day.

- 172 4. [The AdSS shall notify the](#) Division ~~shall be notified~~ via the AHCCCS
173 QM Portal within five business days of the member's discharge
174 from the out-of-state facility.
- 175 5. All out-of-state providers shall meet the reporting requirements of
176 all incidents of injury, accidents, abuse, neglect, exploitation,
177 healthcare acquired conditions, and seclusion and restraint
178 implementations as specified in AMPM Policy 960.

179
180 [Signature of Chief Medical Officer:](#)