

~~Requirements For Qualified Vendors And Providers~~
Providing ~~Medicaid Services Out of~~The State Services

1 **Chapter 65 ~~REQUIREMENTS FOR QUALIFIED VENDORS AND~~**
2 **~~PROVIDERS PROVIDING MEDICAID SERVICES OUT~~ of ~~SIDE THE~~**
3 **~~STATE~~ SERVICES**

4 REVISION DATE: XX/XX/2023, 6/24/2022
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6 EFFECTIVE DATE: March 3, 2021
7 REFERENCES: ~~AdSS Medical Policy 450~~, Division Operations Policy Manual
8 4004-H, Division Medical Policy 1620-D ~~Division Operations Manual 6002-G~~,
9 AdSS Medical Policy 450

10 **PURPOSE**

11 ~~The purpose of t~~This policy ~~is to~~ provides guidance to Qualified Vendors
12 ~~and p~~Providers for providing Medicaid services to Mmembers who are ALTCS
13 eligible for Arizona Long Term Care (ALTCS) and are ~~out of state~~, including
14 ~~M~~members who require placement out of state in order to obtain mMedically
15 ~~n~~Necessary sServices and Mmembers who are ~~t~~Temporarily Out of State
16 ~~leave the state~~ and need Medicaid services to support them out of state.

17 **DEFINITIONS**

- 18 1. "Home and Community-Based Services (HCBS)" means the same
19 as in R6-6-1501.
- 20 2. "Medically Necessary Services" means those covered services

~~Requirements For Qualified Vendors And Providers~~
Providing ~~Medicaid Services Out of~~The State ~~Services~~

21 provided by qualified service providers within the scope of their
22 practice to prevent disease, disability, and other adverse health
23 conditions or their progression or to prolong life.

24 1.3. "Member" means the same as "Client" as defined in A.R.S. § 36-
25 551.

26 2.4. "Out-of-Country" means anywhere other than the 50 states of
27 the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin
28 Islands, Guam, American Samoa, and the Northern Mariana
29 Islands.

30 3.5. "Out-of-State Services" means services provided to mMembers
31 outside of Arizona that are covered as provided for under Code
32 of Federal Regulations (CFR) 42 CFR, Part 431, Subpart B. This
33 includes services that, as determined on the basis of medical
34 advice, are more readily available in other states and services
35 needed due to a medical emergency.

36 6. "Planning Team" -means a defined group of individuals
37 comprised of the Member, the Responsible Person if other than
38 the Member, and, with the Responsible Person's consent, any
39 individuals important in the member's life, including extended

~~Requirements For Qualified Vendors And Providers~~
Providing ~~Medicaid Services Out of~~The State ~~Services~~

40 family members, friends, service providers, community resource
41 providers, representatives from religious/spiritual organizations,
42 and agents from other service systems.~~means a group of~~
43 ~~individuals that shall include the member/Responsible Person,~~
44 ~~Support Coordinator, and a representative from the agency for~~
45 ~~Member's living in a licensed setting and with the member's~~
46 ~~consent, their designated representative and any individuals~~
47 ~~important in the member's life, including but not limited to~~
48 ~~extended family members, friends, service providers,~~
49 ~~community resource providers, representatives from~~
50 ~~religious/spiritual organizations, and agents from other service~~
51 ~~systems. The size, scope, and intensity of involvement of the~~
52 ~~team members are determined by the objectives of the planning~~
53 ~~team to best meet the needs and individual goals of the~~
54 ~~member.~~

55 4.7. "Provider" means any individual or entity that is engaged in the
56 delivery of services, or ordering or referring for those services,
57 and is legally authorized to do so by the State in which it delivers
58 the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.

~~Requirements For Qualified Vendors And Providers~~
Providing ~~Medicaid Services Out of~~The State Services

59 8. "Responsible Person" means the parent or guardian of a minor
60 with a developmental disability, the guardian of an adult with a
61 developmental disability or an adult with a developmental
62 disability who is a member or an applicant for whom no guardian
63 has been appointed.~~it refers to the parent or guardian of a minor~~
64 ~~with a developmental disability, the guardian of an adult with a~~
65 ~~developmental disability, or an adult with a developmental~~
66 ~~disability who is a client or an applicant for whom no guardian~~
67 ~~has been appointed as cited in A.R.S 36-551~~means the same as
68 ~~in A.R.S. § 36-551.~~

69 5.9. "Qualified Vendor" means a provider of community
70 developmental disability services that has applied for Qualified
71 Vendor status, meets the criteria for Qualified Vendor status,
72 and has entered into a Qualified Vendor Agreement with the
73 Department.

74 6.10. "Temporarily Out-of-State" means a mMember is absent from
75 Arizona and~~if~~ the member:

- 76 a. Intends to return to Arizona when the reason for the
77 absence is completed.

~~Requirements For Qualified Vendors And Providers~~
Providing ~~Medicaid Services Out of~~The State Services

- 78 b. Has not become a resident of another state.
- 79 i. For Members~~minors~~ under the age of 18, residency is
- 80 based on the custodial parent.
- 81 ii. Residency of another state includes, but is not
- 82 limited to, applying for medical assistance, renting or
- 83 buying a home, getting a job, and/or applying for a
- 84 driver's license or identification in another state.

85 **POLICY**

86 **A. DELIVERING OUT OF STATE SERVICES** ~~Before delivering services~~

87 ~~to a Division member out of state,~~

88 **A.B. All Prior to delivering Out of State Services, a** Qualified v Vendors

89 and /p Providers, prior to delivering Out of State Services, including out

90 of state p Providers shall be shall be:

91 1.a. Enrolled with the Arizona Health Care Cost Containment

92 System (AHCCCS), and- Information about how to

93 become enrolled can be located on the AHCCCS website.

94 b. Prior authorized by:ed and pre approved by the Division:

95 a.i. The Division for HCBS, or

~~Requirements For Qualified Vendors And Providers~~
Providing ~~Medicaid Services Out of~~ The State Services

96 ~~b.ji.~~ pPrior authorized by tThe mMember's DDD Health
97 Plan for physical and behavioral health services.

98 2. Qualified Vendors~~All vendors/ and p~~Providers,~~including out of~~
99 ~~state p~~Providers, shall ensure all service and reporting
100 requirements are met during the provision of provide reports, as
101 directed, to the Division or the Mmember's DDD Health Plan
102 about the Mmember's response to the Out of State
103 Services.~~services being provided out of state.~~

104 2.3. The Qualified Vendor shall ensure nursing providers traveling
105 Out of State are licensed in the state(s) they are traveling to
106 with the Member.

107 3.4. The Qualified Vendor, ~~shall develop a plan for the Member's~~
108 emergency medical care with the Planning Team while delivering
109 Out of State Services.~~The Qualified Vendor shall attend the~~
110 Planning Meeting when requesting Out of State service to

111 B. REQUESTING SERVICES OUT OF STATE

112 1. The Qualified Vendor, within one business day of a request for
113 Out of State Services by a responsible person, shall:

114 a. ~~N~~otify the Member's Support Coordinator, and~~Division~~

~~Requirements For Qualified Vendors And Providers~~
Providing ~~Medicaid Services Out of~~The State ~~Services~~

115 b. Inform the Responsible Person to notify the Member's
116 Support Coordinator of the request for Out of State
117 Services. ~~when a responsible person has made a request~~
118 ~~to the Qualified Vendor to provide HCBS out of state.~~

119 2. The Qualified Vendor shall receive approval from the Division
120 prior to providing Out of State Services to the Member.

121 **C. ~~QUALIFIED VENDOR REQUIREMENTS FOR SPECIFIC HCBS~~**
122 **SERVICES: ~~REQUIREMENTS FOR BEHAVIORAL-SUPPORTED~~**
123 **GROUP HOME, GROUP HOME AND DAILY SUPPORTED LIVING**
124 **SERVICES**

125 1. If a member resides in a group home or individually designed
126 living arrangement and additional staff are needed for the
127 member to participate in a trip out of state, ~~the~~ ~~Qualified~~
128 ~~Vendor~~ shall submit a revised staffing schedule if additional
129 staff are are needed to support a ~~m~~Member traveling out of
130 state.

131 1.2. The Qualified Vendor shall receive an approval for the revised
132 staffing schedule from the Division ~~The staffing schedule must be~~
133 ~~approved by the Division~~ prior to the ~~m~~Member receiving Out of

~~Requirements For Qualified Vendors And Providers~~
Providing ~~Medicaid Services Out of~~The State ~~Services~~

134 ~~State Services receive, an approval from the Division to the~~
135 ~~revised staffing schedule when: submit a revised staffing~~
136 ~~schedule prior to traveling out of state, in sufficient advance of~~
137 ~~the trip to allow for review and approval/denial by the Division~~
138 ~~when a Member resides in a group home or individually designed~~
139 ~~living arrangement and additional staff are needed for the~~
140 ~~Member to travel out of state.~~

141 ~~2.3. For day programs that are in close proximity to communities in~~
142 ~~states that border Arizona (e.g., Bullhead City/Laughvexghlin),~~
143 ~~the mMember's Planning Team, including the Qualified Vendor,~~
144 ~~shall develop a plan for for coverage for a Member's emergency~~
145 ~~medical care when the Member attends a day treatment program~~
146 ~~that is in close proximity to communities in states that border~~
147 ~~Arizona. For day trips outside of Arizona??~~

148 D. OUT OF STATE SERVICES THAT ARE NOT COVERED

149 ~~The Division shall not cover Medicaid services including emergency medical~~
150 ~~care and HCBS shall not be covered for a mMember traveling outside the~~
151 ~~United States or its territories.~~

~~Requirements For Qualified Vendors And Providers~~
Providing ~~Medicaid Services Out of~~The State ~~Services~~

152 1. A ~~Q~~ualified ~~V~~endor ~~or/p~~Provider shall not bill or be paid for
153 Medicaid covered services ~~when, regardless of the length of time~~ the
154 ~~M~~ember is ~~Out of Country~~out of the country, including day trips to
155 Mexico.

156 A. ~~SUPPLEMENTAL INFORMATION~~**Supplemental Information**

157 ~~The Division does not cover Medicaid services including emergency~~
158 ~~medical care and HCBS shall not be covered~~ for a Member traveling
159 ~~Out of Country.~~