

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

3  
4 **REVISION DATE: TBD**

5 **REVIEW DATE: 11/7/2023**

6 EFFECTIVE DATE: August 4, 2021

7 REFERENCES: A.R.S. § 15-761, A.R.S. § 15-1181, AMPM 450

8  
9 **PURPOSE**

10 ~~This policy applies to the Division's responsibility to manage members of the~~  
11 ~~American Indian Health Program (AIHP) and oversee compliance by the~~  
12 ~~Administrative Services Subcontractors with their enrolled members. The~~  
13 ~~purpose of this Policy is to establishprovide criteria and procedures~~  
14 ~~requirements for out-of-state placements for behavioral health treatment for~~  
15 ~~eligible Division of Developmental Disabilities (Division) members enrolled~~  
16 ~~with the Division's Tribal Health Program (THP).the Division when out-of-~~  
17 ~~state placement of an ALTCS AIHP member for behavioral health treatment~~  
18 ~~is clinically necessary and supported by the Child and Family Team (CFT) or~~  
19 ~~Adult Recovery Team (ART). Further, this policy outlines the Division's~~  
20 ~~responsibilities for oversight and monitoring of duties delegated to the~~  
21 ~~Administrative Services Subcontractors (AdSS) specific to AdSS Medical Policy~~  
22 ~~450 and this policy as specified in contract. ~~and AdSS Medical Policy 450.~~The~~  
23 ~~Division shall evaluate compliance by the AdSS during its annual operational~~  
24 ~~review of each AdSS and, as noted in AdSS Policy 450.~~

25 **DEFINITIONS**

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

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

45 size, scope, and intensity of involvement of the team members are  
46 determined by the objectives established for the child, the needs of the  
47 family in providing for the child, and by who is needed to develop an  
48 effective service plan and can therefore expand and contract as necessary to  
49 be successful on behalf of the child.

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

54 Tribal Health Program - is a fee-for-service health plan which administers physical health,  
55 behavioral health, and Long-Term Care Services and Supports for DDD-THP enrolled  
56 American Indian/Alaska Native members. Effective April 01, 2022, responsibility for  
57 managing acute Physical/Behavioral Health/Children's Rehabilitative Services (CRS), and  
58 THP members with a Serious Mental Illness (SMI) designation was transitioned to AHCCCS.

## 59 **POLICY**

### 60 **A. General Requirements**

61 It may be necessary to consider an out-of-state placement to meet the  
62 member's unique circumstances or clinical needs. Decisions to place  
63 members in out-of-state placements for behavioral health care and  
64 treatment shall be examined by the Division and made after the CFT, ART,

65 TRBHA, or ~~AHP~~ FFS provider have reviewed all other in-state options.

66 Other options may include single case agreements with in-state providers  
67 or the development of a Service Plan that incorporates a combination of  
68 support services and clinical interventions.

69 Services provided out-of-state shall meet the same requirements as those  
70 rendered in-state. The Division shall also ~~require~~ ensure that out-of-state  
71 providers follow all AHCCCS reporting requirements, policies, and  
72 procedures, including appointment standards and timelines specified in  
73 ~~Division Operations AHCCCS Policy ACOM~~ Policy 417.

74 Out-of-state placement providers shall coordinate with the Division,  
75 TRBHAs, DFMS, and Fee-For-Service providers to provide required updates.

76 The following factors ~~should be taken into consideration when~~ may lead a  
77 member's CFT or ART to ~~considering~~ the temporary out-of-state placement:

- 78 1. The member requires specialized programming not currently  
79 available in Arizona to effectively treat a specified behavioral  
80 health condition.
- 81 2. An out-of-state placement's approach to treatment incorporates  
82 and supports the unique cultural heritage of the member.
- 83 3. A lack of current in-state bed capacity.
- 84 4. The geographic proximity of the out-of-state placement

85 supports and facilitates family involvement in the member's  
86 treatment.

87 Prior to placing a member in an out-of-state facility for behavioral health  
88 treatment, the CFT, ART, ~~AHP~~ FFS provider, and/or TRBHA shall ensure  
89 that:

- 90 1. The member's family/guardian/designated representative is in  
91 agreement with the out-of-state placement.
- 92 2. The out-of-state placement is registered as an AHCCCS  
93 provider.
- 94 3. Prior to placement, the Division, TRBHA, and Fee-For-Service  
95 providers shall have a plan in place to ensure the member has  
96 access to non-emergency medical needs by an AHCCCS  
97 registered provider.
- 98 4. The out-of-state placement meets the Arizona Department of  
99 Education Academic Standards for members up to the age of 21  
100 years.

#### 101 **B. Out-Of-State Placement Documentation Requirements**

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

- 105 1. The CFT or ART, FFS provider, and/or TRBHA has reviewed all in-  
106 state options and determined that an out-of-state facility is  
107 required in order to meet the needs of the member.
- 108 2. The CFT or ART has been involved in the service planning  
109 process and is in agreement with the out-of-state placement.
- 110 3. The CFT or ART has documented how they will remain active and  
111 involved in service planning once the out-of-state placement has  
112 occurred.
- 113 4. A Service Plan has been developed.
- 114 5. ~~All applicable p~~prior authorization requirements have been met,  
115 ~~including a review completed by the Division's Chief Medical~~  
116 ~~Officer or designee.~~
- 117 6. The Arizona Department of Education has been consulted to  
118 ensure that the educational program in the out-of-state  
119 placement meets the Arizona Department of Education Academic  
120 Standards and the specific educational needs of the member as  
121 applicable.
- 122 7. Coordination has occurred with all other state agencies and/or  
123 Contractors or TRBHA involved with the member. Coordination  
124 shall also occur between FFS providers and DFSM Case Managers  
125 for all THPAIHP members prior to placement in the OOS facility.

126 IHS/638 tribally operated facilities coordinating out-of-state  
127 placement for a Division enrolled member shall coordinate  
128 efforts with Division prior to placement, including coordinating  
129 with any IHS/638 providers located out of state.

130 8. Coordination shall occur between the member's primary care  
131 provider and the Division, FFS provider, and/or TRBHA to  
132 develop a plan for the provision of any necessary, non-  
133 emergency medical care All providers shall be registered  
134 AHCCCS providers.

### 135 **C. Member's Service Plan**

136 For a member placed out-of-state, the Service Plan developed by the CFT,  
137 ART, FFS provider, or TRBHA (~~including the member's Support Coordinator~~)  
138 shall require that:

139 1. Discharge planning is initiated at the time of admission and  
140 includes:

- 141 a. The measurable treatment goals being addressed by  
142 the out-of-state placement and the criteria necessary  
143 for discharge back to in-state services;
- 144 b. The possible or proposed in-state residence where  
145 the member will be returning;

- 146 c. The recommended services and supports required once  
147 the member returns from the out-of-state placement;  
148 d. How effective strategies implemented in the out-of-  
149 state placement will be transferred to the members'  
150 subsequent in-state placement; and  
151 e. The actions necessary to integrate the member into family  
152 and community life upon discharge, including the  
153 development of a crisis plan.
- 154 2. The Division, FFS provider, and/or TRBHA provider shall ensure  
155 coordination between the CFT/ART and the out-of-state  
156 placement, and document how they will remain active and  
157 involved in service planning by reviewing the member's  
158 progress, after significant events or at least every 30 days.  
159 TRBHAs shall notify DFSM Case Managers about the plan to place  
160 a member out-of-state.
- 161 3. When appropriate, the member/Health Care Decision Maker and  
162 designated representative is involved throughout the duration of  
163 the placement. Involvement may include family counseling in-  
164 person or by teleconference or videoconference.
- 165 4. Home passes are allowed as clinically appropriate and as allowed  
166 by the provider type. For youth in DCS custody, approval of



167 home passes is determined in collaboration with DCS.

168 5. The member's needs, strengths, and cultural considerations have  
169 been addressed.

170 **D. Notifications to AHCCCS/Division Health Care Management**

171 ~~(DHGM)~~

172 1. The Division Behavioral Health Administration shall monitor the  
173 AHCCCS QM Portal for notifications and monthly progress reports  
174 for out-of-state placement for behavioral health treatment.

175 1.2. The Division, ~~TRBHAs,~~ and Fee-For-Service providers shall notify  
176 AHCCCS through the AHCCCS QM Portal, prior to or upon  
177 notification of a member being placed in an out-of-state  
178 placement.

179 2.3. AHCCCS shall review the information to ensure all the  
180 requirements in this Policy have been met. AHCCCS shall  
181 acknowledge receipt within one to three business days. If the  
182 information is incorrect or incomplete, AHCCCS shall notify the  
183 Division, ~~TRBHA,~~ and/or FFS provider to correct the submission  
184 within three business days.

185 3.4. The Division FFS provider shall report progress updates to  
186 AHCCCS through the AHCCCS QM Portal every 30 days that the

187 member remains in the out-of-state placement. The 30-day  
188 update timeline shall be based upon the original date the  
189 member is admitted to the out-of-state placement facility. If the  
190 date falls on a weekend or holiday, it shall be submitted on the  
191 next business day.

192 4.5. The Fee-For-Service provider shall notify AHCCCS shall be  
193 ~~notified~~ via the AHCCCS QM Portal within five business days of  
194 the member's discharge from the out-of-state facility.

195 6. All out-of-state providers shall meet the reporting requirements  
196 of all incidents of injury, accidents, abuse, neglect, exploitation,  
197 healthcare acquired conditions, and seclusion and restraint  
198 implementations as specified in AMPM Policy 960.

199 E. DIVISION OVERSIGHT AND MONITORING OF AdSS

200 1. The Division shall provide oversight and monitoring of compliance by the  
201 Administrative Services Subcontractors serving Members enrolled in a  
202 Division subcontracted health plan with respect to any contractual delegation  
203 of duties specific to this policy and as specified in AdSS Medical Policy 450

204 using one or more of the following methods:

205 a. Complete annual operational reviews of compliance.

206 b. Review of deliverable reports and other data as applicable.

207 c. Review of applicable policies and procedures.

208 a-d. Conduct oversight meetings with the AdSS for the purpose of

209 [reviewing compliance and addressing any access to care concerns or](#)

210 [other quality of care concerns.](#)

211 [Signature of Chief Medical Officer:](#)

Draft Policy for Public Comment