

## **CHAPTER 65 PROVIDING OUT OF STATE SERVICES**

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REFERENCES: Division Operations Policy 4004-H, Division Medical Policy 1620-D, AdSS Medical Policy 450

### **PURPOSE**

This policy provides guidance to Qualified Vendors and Providers for providing Medicaid services to Members who are eligible for Arizona Long Term Care System (ALTCS) and are Temporarily Out of State and need Medicaid services to support them out of state.

### **DEFINITIONS**

1. "Home and Community-Based Services (HCBS)" means the same as in R6-6-1501.
2. "Medically Necessary Services" means those covered services provided by qualified service providers within the scope of their practice to prevent disease, disability, and other adverse health conditions or their progression or to prolong life.
3. "Member" means the same as "Client" as defined in A.R.S. §

36-551.

4. "Out-of-Country" means anywhere other than the 50 states of the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.
5. "Out-of-State Services" means services provided to Members outside of Arizona that are covered as provided for under Code of Federal Regulations (CFR) 42 CFR, Part 431, Subpart B. This includes services that, as determined on the basis of medical advice, are more readily available in other states and services needed due to a medical emergency.
6. "Planning Team" means a defined group of individuals comprised of the Member, the Responsible Person if other than the Member, and, with the Responsible Person's consent, any individuals important in the member's life, including extended family members, friends, service providers, community resource providers, representatives from religious/spiritual organizations, and agents from other service systems.
7. "Provider" means any individual or entity that is engaged in the

delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State in which it delivers the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.

8. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a member or an applicant for whom no guardian has been appointed.
9. "Qualified Vendor" means a provider of community developmental disability services that has applied for Qualified Vendor status, meets the criteria for Qualified Vendor status, and has entered into a Qualified Vendor Agreement with the Department.
10. "Temporarily Out-of-State" means a Member is absent from Arizona and the member:
  - a. Intends to return to Arizona when the reason for the absence is completed.
  - b. Has not become a resident of another state.

- i. For Members under the age of 18, residency is based on the custodial parent.
- ii. Residency of another state includes, but is not limited to, applying for medical assistance, renting or buying a home, getting a job, and/or applying for a driver's license or identification in another state.

## **POLICY**

### **A. DELIVERING OUT OF STATE SERVICES**

1. All Qualified Vendors and Providers, prior to delivering Out of State Services, shall be:
  - a. Enrolled with the Arizona Health Care Cost Containment System (AHCCCS), and
  - b. Prior authorized by:
    - i. The Division for HCBS, or
    - ii. The Member's DDD Health Plan for physical and behavioral health services.
2. Qualified Vendors and Providers, shall ensure all service and

reporting requirements are met during the provision of Out of State Services.

3. The Qualified Vendor shall ensure nursing providers traveling Out of State are licensed in the state(s) they are traveling to with the Member.
4. The Qualified Vendor with the planning team, shall develop a plan for the Member's emergency medical care while delivering Out of State Services.

**B. REQUESTING SERVICES OUT OF STATE**

1. The Qualified Vendor, within one business day of a request for Out of State Services by a responsible person, shall:
  - a. Notify the Member's Support Coordinator, and
  - b. Inform the Responsible Person to notify the Member's Support Coordinator of the request for Out of State Services.
2. The Qualified Vendor shall receive approval from the Division prior to providing Out of State Services to the Member.

**C. REQUIREMENTS FOR BEHAVIORAL-SUPPORTED GROUP HOME, GROUP HOME, AND DAILY SUPPORTED LIVING SERVICES**

1. The Qualified Vendor shall submit a revised staffing schedule when additional staff are needed to support a Member traveling out of state.
2. The Qualified Vendor shall receive Division approval for the revised staffing schedule prior to the Member receiving Out of State Services.

**D. OUT OF STATE SERVICES THAT ARE NOT COVERED**

A Qualified Vendor or Provider shall not bill or be paid for Medicaid covered services when the Member is Out of Country.

**E. SUPPLEMENTAL INFORMATION**

The Division does not cover Medicaid services including emergency medical care and HCBS for a Member traveling Out of Country.

Signature of Network Administrator: *Megan Taylor*  
Megan Taylor (Jan 30, 2025 08:34 MST)

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