

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
White Mountain Apache Behavioral Health Services Version**

Section 3.22 **Out-of-State Placements for Children and Young Adults**

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3.22.1 Introduction

At times, it may be necessary to consider an out-of-home placement for a child or young adult to meet the person's unique circumstances or clinical needs. The following factors may lead the person's Child and Family Team (CFT) or Adult Recovery Team (ART) to consider the temporary out-of-state placement of a child or young adult.

- A child or young adult needs specialized programming not currently available in Arizona to effectively treat a specified behavioral health condition;
- An out-of-state placement's approach to treatment incorporates and supports the child's or young adult's unique cultural heritage;
- A lack of current in-state bed capacity; and/or
- Geographical proximity encourages support and facilitates family involvement in the person's treatment.

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) expects that decisions to place children or young adults in out-of-state placements for behavioral health care and treatment are examined closely and made after the CFT or ART have reviewed all other in-state options. Other options may include single case agreements with in-state providers that would allow enhanced programming or staffing to meet the specific needs of the person or the development of an Individual Service Plan (ISP) that incorporates a combination of support services and clinical interventions and takes advantage of the full extent of all available covered services to meet the clinically identified needs of the child or young adult. In the event that an out-of-state placement is necessary and supported by the CFT or ART, Tribal and Regional Behavioral Health Authorities (T/RBHAs) and their providers must follow the steps and procedures outlined in this section. In addition, services provided out-of-state must meet appointment standards and timelines specified in [Section 3.2, Appointment Standards and Timeliness of Service](#).

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3.22.2 References

The following citations can serve as additional resources for this content area:

[R9-21-101 et seq.](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/Tribal IGAs](#)

[Section 3.2 Appointment Standards and Timeliness of Service](#)

[Section 3.9, Assessment and Service Planning](#)

[Section 3.14, Securing Services and Prior Authorization](#)

[ADHS/DBHS Practice Protocol Child and Family Team Practice](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[Arizona Department of Education Academic Standards](#)

3.22.3 Scope

To whom does this apply?

All persons under the age of 21 being considered for, or currently placed in, out-of-state placement.

3.22.4 Did you know...?

Coordination must occur with the person's Arizona Health Care Cost Containment System (AHCCCS) Health Plan Behavioral Health Coordinator or other health care provider for the provision of acute care services in the state in which the person will be placed. It is also required that coordination with the school system in the area occurs.

3.22.5 Definitions

[Adult Recovery Team \(ART\)](#)

[Child and Family Team](#)

[Individual Service Plan \(ISP\)](#)

[Prior Authorization PM 3.22](#)

[Single Case Agreement](#)

3.22.6 Objectives

To ensure that out-of-state placements for persons under the age of 21:

- Serve the individual needs of the person;
- Are determined to be more appropriate and beneficial than available in-state services;
- Facilitate family member involvement; and
- Promote the person's timely return to a community living environment.

3.22.7 Procedures

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3.22.7-A. General requirements

When the T/RBHA is considering an out-of-state placement for a child or young adult, the following conditions apply:

- The CFT or ART will consider all applicable and available in-state services and determine that the services do not adequately meet the specific needs of the person and the person's family/guardian (not including those not under guardianship between 18 and under 21 years of age) is in agreement with the out-of-state placement;
- The out-of-state placement is registered as an AHCCCS provider;
- The out-of-state placement meets the [Arizona Department of Education Academic Standards](#); and
- A plan for the provision of non-emergency medical care must be established.

3.22.7-B. Conditions to be met before a referral for out-of-state placement is made.

Documentation in the clinical record must indicate that the following conditions have been met before a referral for an out-of-state placement is made:

- All less restrictive clinically appropriate approaches have either been provided or considered by the CFT or ART and found not to meet the person's needs;
- The CFT or ART has been involved in the service planning process, and is in agreement with the out-of-state placement;
- The CFT or ART has determined how they will remain active and involved in service planning once the out-of-state placement has occurred;
- A proposed ISP that includes a discharge plan has been developed that addresses the needs and strengths of the person (see [Section 3.9, Assessment and Service Planning](#));
- All applicable prior authorization requirements have been met (see [Section 3.14, Securing Services and Prior Authorization](#));
- The Arizona Department of Education has been consulted to ensure that the educational program in the out-of-state placement meets the [Arizona Department of Education Academic Standards](#) and the specific educational needs of the person;
- Coordination has occurred with other state agencies involved with the person;
- The person's AHCCCS Health Plan Behavioral Health Coordinator or health care provider has been contacted and a plan for the provision of any necessary non-emergency medical care has been established and is included in the comprehensive clinical record, the ABHS lead Clinician will complete the ABHS Residential Authorization Form and have it approved by the Clinical Director; and
- Cultural considerations have been explored and incorporated into the ISP.

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3.22.7-C. The Individual Service Plan

For a person placed out-of-state, the ISP developed by the CFT or ART must require that:

- Discharge planning is initiated at the time of referral, including:
 - The measurable treatment goals being addressed by the out-of-state placement and the criteria necessary for discharge back to in-state services;
 - The possible or proposed in-state residence where the person will be returning and the recommended services and supports required once the person returns from the out-of-state placement;
 - What needs to be changed or arranged to accept the person for subsequent in-state placement that will meet the person's needs;
 - How effective strategies implemented in the out-of-state placement will be transferred to the persons' subsequent in-state placement; and
 - The actions necessary to integrate the person into family and community life upon discharge.
- The CFT or ART actively reviews the person's progress with clinical staffings occurring at least every 30 days. Clinical staffings must include the staff of the out-of-state facility;
- The person's family/guardian is involved throughout the duration of the placement; this may include family counseling in person or by teleconference or videoconference;
- The CFT or ART must ensure that essential and necessary health care services are provided; and
- Home passes are allowed as clinically appropriate and in accordance with the [ADHS/DBHS Covered Behavioral Health Services Guide](#). For youth in Child Protective Services (CPS) custody, home passes must be determined only in close collaboration with CPS.

3.22.7-D. Initial notification to ADHS/DBHS Office of Utilization Management

T/RBHAs or subcontracted behavioral health providers are required to notify ADHS/DBHS Office of Utilization Management prior to a referral for out-of-state placement and upon discovering that a T/RBHA enrollee is in an out-of-state placement, using [PM Form 3.22.1, Out-of-State Placement, Initial Notice](#). T/RBHAs may ask that providers assist with supplying the information required on the form and with providing copies of supporting clinical documentation. Prior authorization must be obtained prior to making a referral for out-of-state placement, in accordance with T/RBHA criteria (See [Section 3.14, Securing Services and Prior Authorization](#)).

What is the process for providing initial notification to ADHS/DBHS?

For Tribal RBHAs (T/RBHAs), The WMABHS Lead Clinician completes the ABHS Residential Placement Authorization form to the Clinical Director, and upon approval coordinates with the

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Out of Home Case Manager to complete [PM Form 3.22.1, Out-of-State Placement, Initial Notice](#), and a request for prior authorization, and compiles supporting clinical documentation in accordance with [Section 3.14, Securing Services and Prior Authorization](#). [PM Form 3.22.1](#) is then submitted via fax or e-mail to ADHS/DBHS Office of Utilization Management along with the request for prior authorization using the established prior authorization request process (facsimile number (602) 364-4749, e-mail address: DBHSMEDICALMANAGEMENT@azdhs.gov.)

3.22.7-E Periodic updates to ADHS/DBHS Office of Utilization Management
In addition to providing initial notification, every 90 days the T/RBHA is required to submit updates to ADHS/DBHS Office of Utilization Management regarding the person's progress in meeting the identified criteria for discharge from the out-of-state placement. T/RBHAs must use [PM Form 3.22.2, Out-of-State Placement, 90-Day Update](#), to adhere to this requirement. T/RBHAs may ask that providers assist with providing the information required on the form.

T/RBHAs must complete [PM Form 3.22.2](#) and submit the form via facsimile or e-mail to the ADHS/DBHS Office of Utilization Management (facsimile number (602) 364-4749, e-mail address: DBHSMEDICALMANAGEMENT@azdhs.gov) every 90 days that the person continues to remain in out-of-state placement.

The WMABHS Out of Home Case Manager will coordinate with the ABHS Lead Clinician and the placement facilities Clinician and case manager to complete PM Form 3.22.2 and fax or email it to ADHS/DBHS Office of Utilization Management.