



## **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-state placement for a child or young adult to meet the person's unique circumstances or clinical needs. The following factors may lead a 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. A child or young adult needs specialized programming not currently available in Arizona to effectively treat a specified behavioral health condition;
- b. An out-of-state placement's approach to treatment incorporates and supports the child's or young adult's unique cultural heritage;
- c. A lack of current in-state bed capacity; and/or
- d. 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 or the development of an Individual Service Plan (ISP) that incorporates a combination of support services and clinical interventions. In the event that an out-of-state placement is clinically 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. Services provided out-of-state must meet the same requirements as those rendered in-state. T/RBHAs must also ensure that out-of-state providers follow all AHCCCS reporting requirements as well as ADHS/DBHS policies and procedures, including appointment standards and timelines specified in Policy 3.2 Appointment Standards and Timeliness of Service.

### **3.22.2 Terms**

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> or <http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions>. The following terms are referenced in this section:

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

[Certification of Need \(CON\)](#)

[Child and Family Team](#)



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

[Prior Authorization](#)

[Single Case Agreement](#)

### **3.22.3 Procedures**

- a. General Requirements
  - i. When the T/RBHA is considering an out-of-state placement for a child or young adult, the following conditions apply:
    1. 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;
    2. The person's family/guardian is in agreement with the out-of-state placement (for minors and persons between 18 and under 21 years of age) under guardianship.
    3. The out-of-state placement is registered as an AHCCCS provider;
    4. The out-of-state placement meets the Arizona Department of Education Academic Standards; and
    5. A plan for the provision of non-emergency medical care must be established.



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- b. Conditions before a referral for out-of-state placement is made
  - i. Documentation in the clinical record must indicate the following conditions have been met before a referral for an out-of-state placement is made:
    - 1. 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;
    - 2. A minimum of three in-state facilities have declined to accept the person;
    - 3. The CFT or ART has been involved in the service planning process and is in agreement with the out-of-state placement;
    - 4. The CFT or ART has documented how they will remain active and involved in service planning once the out-of-state placement has occurred;
    - 5. An ISP has been developed (see [Section 3.9, Assessment and Service Planning](#));
    - 6. All applicable prior authorization requirements have been met (see [Section 3.14, Securing Services and Prior Authorization](#));
    - 7. 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;
    - 8. Coordination has occurred with all other state agencies involved with the person, including notification to the Medical Director of the division of Developmental Disabilities (DDD) when the individual is enrolled with DDD and the Medical Director of The Comprehensive Medical and Dental Plan (CMDP);
    - 9. The person's primary care provider and AHCCCS Acute Health Plan have 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;
    - 10. In the event that a person has been placed out-of-state due to an emergency situation or unforeseen event, the T/RBHA must address all applicable above conditions as soon as notification of the out-of-state placement is received.
    - 11. NARBHA's Care Manager contacts the member's Health Plan's Behavioral Health Coordinator or medical provider to discuss the anticipated non-emergency medical care needs of the person so that a plan is developed to ensure that care can either be provided by the facility or that the Health Plan has contracted with another provider in the facility's region.
    - 12. In the event that a person has been placed out-of-state due to an emergency situation or unforeseen event, the NARBHA must address all applicable above conditions as soon as notification of the out-of-state placement is received.
- c. The Individual Service Plan (ISP)
  - i. For a person placed out-of-state, the ISP developed by the CFT or ART must require that:
    - 1. Discharge planning is initiated at the time of referral or notification of admission, including:
      - a. The measurable treatment goals being addressed by the out-of-state placement and the criteria necessary for discharge back to in-state services;
      - b. The possible or proposed in-state residence where the person will be returning;
      - c. The recommended services and supports required once the person returns from the out-of-state placement;
      - d. What needs to be addressed or arranged to accept the person for subsequent in-state placement that will meet the person's needs;



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- e. How effective strategies implemented in the out-of-state placement will be transferred to the persons' subsequent in-state placement;
  - f. The actions necessary to integrate the person into family and community life upon discharge;
  - g. Clinical staffings must include the staff of the out-of-state facility
  - h. 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;
2. The person's family/guardian is involved throughout the duration of the placement. This may include family counseling in person or by teleconference or video-conference;
    - a. The CFT or ART must ensure that essential and necessary health care services are provided; and
    - b. Home passes are allowed as clinically appropriate and in accordance with the [ADHS/DBHS Covered Behavioral Health Services Guide](#). For youth in Department of Child Safety (DCS) custody, home passes must be determined only in close collaboration with DCS.
  3. The person's needs, strengths and cultural considerations have been addressed.
- d. Initial notification to ADHS/DBHS Office of Medical Management
    - i. NARBHA is required to obtain approval from ADHS/DBHS Office of Medical Management prior to referral to an out-of-state placement and upon discovering that an enrolled member is in an out-of-state facility.
    - ii. To assist in the process of notifying ADHS/DBHS Office of Medical Management, NARBHA requires Responsible Agencies to secure prior authorization in accordance with NARBHA Policy [PM 3.14 Securing Services and Prior Authorization](#), in addition to providing information on the necessity of an out-of-state placement.
    - iii. Responsible Agencies are required to submit PM Form 3.22.1, Initial Out-of-State Placement Request to NARBHA's Medical Management Department via secure e-mail to [authorization@narbha.org](mailto:authorization@narbha.org).
    - iv. Once received from the Responsible Agency, NARBHA reviews for appropriateness of the request and submits the request to [DBHSMEDICALMANAGEMENT@azdhs.gov](mailto:DBHSMEDICALMANAGEMENT@azdhs.gov).
    - v. NARBHA Care Manager notifies the Responsible Agency of ADHS/DBHS' decision to approve or deny the out of state placement request. NARBHA Care Managers will be assigned to each member placed in an out-of-state facility until the member has returned to Arizona.
  - e. Periodic updates to ADHS/DBHS Office of Medical Management
    - i. In addition to providing initial notification, NARBHA is required to submit electronic updates to ADHS/DBHS Office of Medical Management regarding the member's progress every thirty (30) days or within 48 hours of notification of member discharge from an out-of-state facility. Thirty (30) days refers to calendar days and 48 hours refers to business days with business days excluding weekends and holidays. If a thirty (30) day update date falls on a weekend or holiday, it will be submitted on the next business day. To adhere to this requirement, T/RBHAs must use [the Out-of-State Placement Form](#). T/RBHAs may ask that providers assist with providing the information required on the form.



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- ii. To accomplish this monitoring requirement:
  - 1. NARBHA Care Managers attend monthly CFT or ART meetings for children receiving treatment in an out-of-state facility to monitor progress towards discharge goals.
  - 2. NARBHA Care Managers complete and submit PM Form 408.1, Out-of-State Placement Form by secure e-mail to [DBHSMEDICALMANAGEMENT@azdhs.org](mailto:DBHSMEDICALMANAGEMENT@azdhs.org) to provide periodic updates and discharges.
  
- f. Required Reporting of an Out-of State Provider
  - i. All Out-of-State providers are required to meet the reporting requirements of all incidences of injury/accidents, abuse, neglect, exploitation, healthcare acquired conditions, injuries from seclusion/restraint implementations as described in NARBHA Policy 7.3 Reporting of Seclusion, Restraint and Emergency Safety Response.

### 3.22.4 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](#)  
[Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems](#)

### 3.22.5 PM Forms

[PM Form 3.22.1 Initial Out-of-State Placement Request Form](#)

### 3.22.6 PM Attachments

None



Signature on file	07/31/15
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Mary Jo Gregory President and Chief Executive Officer	Date

Signature on file	07/31/15
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Teresa Bertsch, MD Chief Medical Officer	Date

Reference [ADHS/DBHS Policy 407](#)