

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

EFFECTIVE DATES: 07/01/16, 03/15/17, 07/11/18, 08/14/20

APPROVAL DATES: 01/19/17, 05/17/18, 06/18/20

**I. PURPOSE**

This Policy applies to ACC, ALTCS E/PD DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), TRBHA, and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements and procedures in the event that an Out-of-State placement for behavioral health treatment is clinically necessary and supported by the Child and Family Team (CFT) or Adult Recovery Team (ART).

**II. DEFINITIONS**

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

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**CHAPTER 400 – MEDICAL POLICY FOR MATERNAL AND CHILD HEALTH****CHILD AND FAMILY TEAM (CFT)**

A defined group of individuals that includes, at a minimum, the child and his or her family, a behavioral health representative, and any individuals important in the child's life that are identified and invited to participate by the child and family. This may include teachers, extended family members, friends, family support partners, healthcare providers, coaches, and community resource providers, representatives from churches, synagogues, or mosques, agents from other service systems like Department of Child Safety (DCS) or the Division of Developmental Disabilities (DDD). The size, scope, and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by who is needed to develop an effective Service Plan, and can therefore expand and Contract as necessary to be successful on behalf of the child.

**SERVICE PLAN**

A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

**III. POLICY****A. GENERAL REQUIREMENTS**

It may be necessary to consider an Out-of-State placement to meet the member's unique circumstances or clinical needs. Decisions to place members in Out-of-State placements for behavioral health care and treatment shall be examined and made after the CFT, ART, TRBHA, or FFS provider have reviewed all other in-state options. Other options may include single case agreements with in-state providers or the development of a Service Plan that incorporates a combination of support services and clinical interventions.

Services provided Out-of-State shall meet the same requirements as those rendered in-state. Contractors shall also ensure that Out-of-State providers follow all AHCCCS reporting requirements, policies, and procedures, including appointment standards and timelines specified in ACOM Policy 417.

Out-of-State placement providers shall coordinate with the Contractors, TRBHAs, DFSSM and Fee-For-Service providers to provide required updates.

The following factors may lead a member's CFT or ART, TRBHA or FFS provider to consider the temporary Out-of-State placement:

1. The member requires specialized programming not currently available in Arizona to effectively treat a specified behavioral health condition.

2. An Out-of-State placement's approach to treatment incorporates and supports the unique cultural heritage of the member.
3. A lack of current in-state bed capacity.
4. The geographic proximity of the out-of-state placement supports and facilitates family involvement in the member's treatment.

Prior to placing a member in an out of state facility for behavioral health treatment, the CFT, ART, TRBHA or FFS Provider shall ensure that:

1. The member's family/guardian/designated representative is in agreement with the out-of-state placement.
2. The Out-of-State placement is registered as an AHCCCS provider.
3. Prior to placement, the Contractor, TRBHA, and Fee-For-Service providers shall have a plan in place to ensure the member has access to non-emergency medical needs by an AHCCCS registered provider.
4. The Out-of-State placement meets the Arizona Department of Education Academic Standards for members up to the age of 21.

**B. OUT-OF-STATE PLACEMENT DOCUMENTATION REQUIREMENTS**

The Contractors, TRBHAs, and (FFS) providers shall ensure that documentation in the clinical record indicates the following conditions have been met before a referral for an Out-of-State placement is made:

1. The CFT or ART, and/or TRBHA or FFS provider for AIHP members has reviewed all in state options and determined that an Out-of-State facility is required in order to meet the needs of the member.
2. The CFT or ART, and/or TRBHA or FFS provider for AIHP members, has been involved in the service planning process and is in agreement with the Out-of-State placement.
3. The CFT or ART, and/or TRBHA or FFS provider for AIHP members, has documented how it will remain active and involved in service planning once the Out-of-State placement has occurred.
4. A Service Plan has been developed.
5. All applicable prior authorization requirements have been met.

6. 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 member as applicable.
7. Coordination has occurred with all other state agencies and/or Contractors or TRBHA involved with the member. Coordination shall also occur between FFS providers and DFSM Case Managers for all AIHP members prior to placement in the OOS facility. IHS/638 tribally operated facilities coordinating Out-of-State placement for a Contractor enrolled member shall coordinate efforts with the Contractor of Enrollment prior to placement, including coordinating with any IHS/638 providers located out of state.
8. Coordination shall occur between the member's primary care provider, the Contractor, TRBHAs, and FFS provider to develop a plan for the provision of any necessary, non-emergency medical care. All providers shall be AHCCCS-registered providers.

### **C. SERVICE PLAN**

For a member placed Out-of-State, the Service Plan developed by the CFT, ART, TRBHA, or FFS provider shall require that:

1. Discharge planning is initiated at the time 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 member will be returning,
  - c. The recommended services and supports required once the member returns from the Out-of-State placement,
  - d. How effective strategies implemented in the Out-of-State placement will be transferred to the members' subsequent in-state placement, and
  - e. The actions necessary to integrate the member into family and community life upon discharge, including the development of a crisis plan.
2. The Contractor, TRBHA, or FFS provider shall ensure coordination between the CFT/ART, if present for AIHP members, and the Out-of-State placement, and document how they will remain active and involved in service planning by reviewing the member's progress, after significant events or at least every 30 days. CFT/ART is not required for AIHP members, but coordination shall be ensured if they are formed. FFS providers shall also coordinate with the TRBHA for TRBHA enrolled members and with DFSM Case Managers for AIHP enrolled members. TRBHAs or FFS providers shall notify DFSM Case Managers about the plan to place member out of state.
3. When appropriate, the member/Health Care Decision Maker and designated representative is involved throughout the duration of the placement. This may include family counseling in-person or by telemedicine.

4. Home passes are allowed as clinically appropriate and as allowed, by the provider type. For youth in Department of Child Safety (DCS) custody, approval of home passes is determined in collaboration with DCS.
5. The member's needs, strengths, and cultural considerations have been addressed.

**D. NOTIFICATIONS TO AHCCCS/ DIVISION OF HEALTH CARE MANAGEMENT (DHCM)**

1. The Contractors, TRBHAs, and Fee-For-Service providers are required to notify AHCCCS through the AHCCCS QM Portal, prior to or upon notification of a member being placed in an Out-of-State placement.
2. AHCCCS will review the information to ensure all of the requirements in this Policy have been met. AHCCCS will acknowledge receipt within one to three business days. If the information is incorrect or incomplete, the Contractor, TRBHA, and FFS provider will be notified by AHCCCS and required to correct the submission within three business days.
3. Contractors, TRBHAs, and Fee-For-Service providers are required to report progress updates to AHCCCS through the AHCCCS QM Portal every 30 days that the member remains in the Out-of-State placement. The 30 day update timeline shall be based upon the original date the member is admitted to the Out of State Placement facility. If the date falls on a weekend or holiday, it shall be submitted on the next business day.
4. AHCCCS shall be notified via the AHCCS QM Portal within five business days of the members discharge from the Out Of State facility.
5. All Out-of-State providers are required to meet the reporting requirements of all incidences of injury/accidents, abuse, neglect, exploitation, healthcare acquired conditions, and seclusion and restraint implementations as specified in AMPM Policy 960.