

**Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
*Magellan Health Services of Arizona Edition***

**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 and/or adult clinical team to consider the temporary placement of a child or young adult in an out-of-state treatment facility or program.

- A child or young adult may need specialized programming not currently available in Arizona to effectively treat a specified behavioral health condition;
- An out-of-state placement's approach to treatment may incorporate and support the child's or young adult's unique cultural heritage;
- A lack of current in-state bed capacity may occur; or
- Geographical proximity may encourage support and facilitate family involvement in the person's treatment.

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) wants to ensure that decisions to place children or young adults in out-of-state placements for behavioral health care and treatment are examined closely and are made after the child and family team and/or adult clinical team have reviewed all other options. Other options may include the provision of support services in the context of the person's current living situation, single case agreements with in-state providers that would allow enhanced programming or staffing patterns to meet the specific needs of the person, or the development of a service plan that incorporates a combination of support services and clinical interventions and takes advantage of the full extent of all available covered services. In the event that an out-of-state placement is necessary and supported by the child and family team and/or adult clinical team, Tribal and Regional Behavioral Health Authorities (T/RBHAs) and their providers must follow the steps and procedures outlined in this section.

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**3.22.2 References**

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

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/Tribal IGAs](#)

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

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

[Arizona Department of Education Academic Standards](#)

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

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

**3.22.3 Scope**

**To whom does this apply?**

All persons under the age of 21 being considered for, or currently placed in, an 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 recommended that coordination with the school system in the area occurs, if applicable.

**3.22.5 Definitions**

[Adult Clinical Team](#)

[Child and Family Team](#)

[Family Member](#)

[Prior Authorization](#)

[Service Plan](#)

[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 considering an out-of-state placement for a child or young adult, the following conditions apply:

- The child and family team and/or adult clinical team 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 is in agreement with the 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 and found not to meet the person's needs;
- A child and family team and/or adult clinical team have been involved in the service planning process, and is in agreement with the out-of-state placement;
- The child and family team and/or adult clinical team (including family members) have determined how they will remain active and involved in service planning once the out-of-state placement has occurred;
- A proposed service plan that includes a discharge plan has been developed that addresses the needs and strengths of the person (see [Section 3.9, Intake, 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's 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 Provider Network Organization (PNO) in coordination with the family/legal guardian will coordinate with the AHCCCS Health Plan to make arrangements and document all contacts

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and arrangements. This documentation will be sent with the initial out-of-home placement form to the Magellan Care Management Department; and

- Cultural considerations have been explored and incorporated into the service plan.

**3.22.7-C. The service plan**

For a person placed out-of-state, the service plan developed by the child and family team and/or adult clinical team must require that:

- Discharge planning is initiated at the time of placement, including:
  - The measurable treatment goals being addressed by the facility 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 is discharged from the facility;
  - What needs to be changed or arranged in order 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 child and family team and/or adult clinical team actively review 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 child and family team and/or adult clinical team 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](#).

**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 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. As applicable, prior authorization must be obtained prior to making a referral for out-of-state placement.

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

For behavioral health providers contracted with a RBHA, the provider notifies the RBHA of the intent to make a referral for out-of-state placement as follows:

- The Provider Network Organization (PNO) or QSP contacts Magellan Care Management triage through Customer Service at 1-800-564-5465 requesting prior authorization for Level I RTC.
- Magellan makes a determination for approval of Level I RTC makes a recommendation for placement and faxes the information back to the PNO within 1 business day.
- Once all in-state supports have been exhausted, Magellan assigns referrals to an appropriate out-of-state provider and requests that the PNO must complete [PM Form 3.22.1, Out-of-State Placement, Initial Notice](#), and fax it to the ADHS/DBHS Office of Utilization Management (facsimile number (602) 364-4749).

For Tribal RBHAs, the TRBHA completes [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 faxed 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).

**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 to the ADHS/DBHS Office of Utilization Management (facsimile number (602) 364-4749) every 90 days that the person continues to remain in out-of-state placement.

Every 90 days, Magellan requires the PNO Intensive Case Manager to complete the PM FORM 3.22.2. The PNO faxes the completed form to Magellan's Care Management Department at (888) 568-6147. Magellan reviews the form for completeness and submits it to the ADHS/DBHS Office of Utilization Management.