

450 - OUT-OF-STATE PLACEMENTS FOR CHILDREN AND YOUNG ADULTS IN¹ BEHAVIORAL HEALTH TREATMENT

EFFECTIVE DATES: 07/01/16, 03/15/17, 07/11/18, 08/14/20, UPON PUBLISHING²

APPROVAL DATES: 01/19/17, 05/17/18, 06/18/20, 04/07/25³

I. PURPOSE

This Policy applies to ACC, ACC-RBHA⁴, ALTCS E/PD, DCS ~~/CHP~~CMDP (CHP) (CMDP)⁵, and DES ~~/DDD (DDD)~~, ~~and RBHA~~ Contractors; Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), Tribal ALTCS,⁶ TRBHA; and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, 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).

Throughout this Policy, all references to FFS outpatient treatment team can indicate Child and Family Team (CFT), Adult Recovery Team (ART), TRBHA, American Indian Medical Home (AIMH), Indian Health Services, Tribally-operated 638 Facility, Urban Indian Health (I/T/U), Tribal ALTCS, and/or DDD. A CFT or ART is not required in order for FFS members to receive services. However, an equivalent team process through the outpatient treatment team is required for care coordination for FFS members.⁷

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy⁸.

¹ Title has been revised to include Children and Young Adults.

² Date Policy is effective.

³ Date Policy is approved.

⁴ Revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded ACC Contractors, changes made throughout policy.

⁵ Comprehensive Medical and Dental Program (CMDP) changed to Comprehensive Health Plan (CHP) due to Behavioral health integration. Refer to Laws 2019, 1st Regular Session.

⁶ Adding Tribal ALTCS as an applicable Fee-For-Service Programs.

⁷ Added language to specify requirement for Child and Family Team (CFT) equivalent team processes for Fee for Services (FFS) members.

⁸ Removed terms to align with Contract and Policy formatting standards. Common terms can be found in the AHCCCS Contract and Policy Dictionary.

For purposes of this Policy, the following terms are defined as:

~~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.~~

~~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.~~

YOUNG ADULT

Members over the age of 18 up to the age of 21, that can be placed in a child and adolescent residential treatment facility per A.A.C. R9-10-318 (B).⁹

⁹ Added definition to clarify the ages that align with A.A.C. R9-10-318 (B).

III. POLICY

A. GENERAL REQUIREMENTS

It may be necessary to consider an Out-of-state placement to meet ~~the a~~ 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 Child and Family Teams¹⁰ (CFT), Adult Recovery Team (ART), Tribal ALTCS, TRBHA, or FFS provider have reviewed all ~~other~~¹¹ in-state options.

Other options may include ~~single case agreements with in-state providers or~~¹² the development of a Service Plan that incorporates a combination of support services and clinical interventions. Additional Contractor in-state options may include the establishment of Single Case Agreements (SCA).¹³

Services provided Out-of-sState shall meet the same service quality¹⁴ requirements as those rendered in-state.

The Contractors shall ~~also~~ ensure that Out-of-sState providers follow all AHCCCS reporting requirements, policies, and procedures, including abuse, neglect, and exploitation as specified in AMPM Policy 960, Incidents, Accidents, and Death (IAD) reporting as specified in AMPM Policy 961, seclusion and restraint as specified in AMPM Policy 962, and¹⁵ appointment standards and timelines specified in ACOM Policy 417.

The FFS providers shall report IADs as specified in AMPM Policy 961 and AMPM Policy 830, and seclusion and restraint as specified in AMPM Policy 962 within established timelines.¹⁶

Out-of-sState placement providers shall coordinate with the Contractors, Tribal ALTCS¹⁷, TRBHAs, DFSM, and ~~Fee-For-Service~~FFS outpatient treatment team¹⁸ providers to provide required updates.

1. The following factors may lead a member's CFT or ART, Tribal ALTCS, TRBHA, or FFS outpatient treatment team~~provider~~ to consider ~~the a~~ temporary Out-of-sState placement:
 - a. The member requires specialized ~~programming-treatment~~¹⁹ not currently available in Arizona to effectively treat a specified behavioral health condition.

¹⁰ Defined acronyms at first occurrence, changes made throughout Policy.

¹¹ Removed; grammatical edits made throughout Policy.

¹² Removed, Single Case Agreement (SCA) not applicable to FFS.

¹³ Added to make specific to the Contractor.

¹⁴ Added for clarity.

¹⁵ Added AHCCCS policy references to the requirement.

¹⁶ Added AHCCCS policy references to clarify to FFS program provider requirements.

¹⁷ Added Tribal ALTCS as an applicable FFS program; changes made throughout Policy.

¹⁸ Clarifying this is the FFS outpatient treatment team; changes made throughout Policy.

¹⁹ Updated to treatment for clarity.

- b. An ~~o~~Out-of-~~s~~State placement provider's²⁰ approach to treatment incorporates and supports the unique cultural heritage of the member.~~,-~~
 - c. There is a ~~A~~lack of current in-state bed capacity with an immediate member need, and²¹
 - d. The geographic proximity of the out-of-state placement provider supports and facilitates family involvement in the member's treatment.
2. Prior to placing a member in~~with~~ an out-of-state ~~facility-provider~~²² ~~for behavioral health treatment~~²³, the CFT,~~or~~ ART, Tribal ALTCS, TRBHA, or FFS outpatient treatment team~~Provider~~ shall ensure that:
 - a. The member's ~~family/guardian~~Health Care Decision Maker (HCDM)/Designated Representative (DR)²⁴ ~~is in agreement~~agrees with placing the member with an ~~the~~ out-of-state placement provider.~~,-~~
 - b. The ~~o~~Out-of-~~s~~State placement provider is registered as an AHCCCS provider.~~,-~~
 - c. ~~Prior to placement, t~~The Contractor, Tribal ALTCS, TRBHA, and ~~Fee-For-Service~~FFS outpatient treatment team~~providers shall have a written plan in place to ensure the member has access to non-emergency medical- services needs~~²⁵ ~~by an~~ AHCCCS registered provider(s), ~~and~~.
 - d. For members up to the age of 21, ~~t~~The ~~o~~Out-of-~~s~~State placement provider meets the Arizona Department of Education Academic Standards.~~,-~~

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

Before a referral for an out-of-state placement is made ~~T~~the Contractors, Tribal ALTCS, TRBHAs, and ~~(FFS)~~ outpatient treatment team²⁶ providers shall ensure that documentation in the clinical record indicates the following conditions have been met:

1. The CFT or ART, ~~and/or Tribal ALTCS~~, TRBHA, ~~and/or~~ FFS outpatient treatment team~~provider~~ for AIHP members has reviewed all in-state options and determined that placement with an ~~o~~Out-of-~~s~~State facility provider is required ~~in order to~~ to meet the needs of the member.
2. The CFT or ART, ~~and/or Tribal ALTCS~~, TRBHA, ~~and/or (or~~ FFS outpatient treatment team~~provider~~ for AIHP members), has been involved in the service planning process and ~~is in agreement~~agrees with the ~~o~~Out-of-~~s~~State placement.
3. The CFT or ART, ~~and/or Tribal ALTCS-Program~~, TRBHA, ~~(and/or FFS provider-outpatient treatment team~~ for AIHP members), has documented how it will remain active and involved in service planning once the ~~o~~Out-of-~~s~~State placement has occurred.

²⁰ Added to clarify provider's responsibility.

²¹ Added to clarify immediacy of member need as an influencing factor.

²² Updated to provider to align with Out-of-State provider, calling it out-of-state provider throughout Policy.

²³ Removed; policy is for behavioral health.

²⁴ Updated to standard language for Health Care Decision Maker, which encompasses family/parents.

²⁵ Replaced with services for consistency.

²⁶ Added to clarify treatment team responsibility, changes made throughout Policy.

4. A ~~s~~Service ~~p~~Plan has been developed.
5. All applicable ~~P~~prior ~~A~~authorization (PA) requirements have been met.
6. The Arizona Department of Education has been consulted to ensure that the educational program in the ~~o~~Out-of-~~s~~State placement meets the Arizona Department of Education Academic Standards and the specific educational needs of the member, for members up to the age of 21 as applicable²⁷.
7. Coordination has occurred with all other state agencies and/or Contractors, ~~or Tribal ALTCS, TRBHA and/or treating team providers~~ involved with the member. Coordination with DFSM Care Managers shall also occur ~~between FFS providers and DFSM Case Managers~~²⁸ for all AIHP, Tribal ALTCS, and TRBHA²⁹ members prior to placement ~~in~~with the out-of-state~~OOS~~ facility~~provider~~.
- ~~7.8.~~ IHS/638 tribally operated facilities coordinating ~~o~~Out-of-~~s~~State placement shall coordinate with the Contractor for a Contractor enrolled member, and for FFS members shall coordinate efforts with ~~the Tribal ALTCS, TRBHA, and other members of the FFS outpatient treatment team, as applicable, Contractor of Enrollment~~ prior to placement. Coordination efforts shall include, including coordinating with any IHS/638 providers located out-of-state.³⁰
9. Coordination of care ~~Coordination shall occur~~ between the member's ~~primary care provider PCP~~³¹, the Contractor, Tribal ALTCS, TRBHAs, and FFS provider to develop a plan for the provision of any necessary, non-emergency medical care³². ~~All providers shall be AHCCCS-registered providers.~~³³

~~B.~~C. SERVICE PLAN

For a member placed ~~o~~Out-of-~~s~~State, the ~~s~~Service Plan developed by the CFT ~~or~~, ART, Tribal ALTCS, TRBHA, or FFS outpatient treatment team³⁴ providers shall require that:

1. Discharge planning is initiated by the out-of-state placement provider³⁵ at the time of the member's³⁶ admission, ~~including and shall include~~:
 - a. The measurable treatment goals being addressed by the ~~o~~Out-of-~~s~~State placement provider and the criteria necessary for discharge back to in-state services,

²⁷ Clarified for members up to the age of 21.

²⁸ Includes providers in general coordination requirement and broadens coordination requirement with FFS Case Managers to any entity/provider.

²⁹ Revised to add all applicabilities.

³⁰ Moved IHS/638 to its own bullet and added language to broaden applicability to FFS.

³¹ Language revised for flow and to add acronym.

³² Language revised for flow.

³³ Removed; this is already stated earlier in policy.

³⁴ Added to clarify responsible party.

³⁵ Added clarity around responsible party.

³⁶ Added for clarity.

- 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 ~~o~~Out-of-~~s~~State placement,
 - d. How effective strategies implemented in the ~~o~~Out-of-~~s~~State placement will be transferred to the members' subsequent in-state living situation,³⁷ ~~placement, and~~
 - e. The actions necessary to integrate the member into family and community life upon discharge, and
 - e.f. ~~including the d~~The d development of a crisis plan.
2. ~~2.~~ The Contractor, Tribal ALTCS³⁸, TRBHA, or DFSM Care Managers FFS provider shall ensure continued coordination between the CFT or ART, or FFS outpatient treatment team providers, if present for AIHP members, and the ~~o~~Out-of-~~s~~State placement provider. The CFT or ART and FFS Outpatient treatment team providers³⁹, ~~and shall~~ document how they ~~yy~~ will remain active and involved in service planning by reviewing the member's progress, after significant events or at least every 30 days. The FFS provider shall coordinate with the Tribal ALTCS Program case manager for the members enrolled with Tribal ALTCS.⁴⁰
- ~~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. Any TRBHAs or FFS providers shall notify DFSM Case Managers about the plan to place member out of state.~~⁴¹
3. ~~The member/Health Care Decision Maker (HCDM) and/ designated representative(DR)~~ is involved throughout the duration of the placement, when appropriate. This may include family counseling in-person or by telemedicine.
- ~~3.4.~~ Home passes are allowed as clinically appropriate and as allowed, by the provider type. For youth in Department of Child Safety (DCS) or Tribal Social Services (TSS)⁴² custody, approval of home passes is determined in collaboration with DCS or TSS.
5. The member's needs, strengths, and cultural considerations have been addressed.

~~C.D.~~ NOTIFICATIONS TO AHCCCS QM PORTAL⁴³ ~~/DIVISION OF HEALTH CARE MANAGEMENT (DHCM)~~

The Contractor~~s~~, ~~TRBHAs, and Fee-For-Service providers are required to~~shall⁴⁴ notify AHCCCS through the AHCCCS QM Portal, prior to or upon notification of a member being placed in an ~~o~~Out-of-~~s~~State placement.

³⁷ Alignment with language across policy.

³⁸ Added language to clarify who is responsible.

³⁹ Adding for clarity of requirements for FFS.

⁴⁰ Added requirement for Tribal ALTCS.

⁴¹ Removed; coordination requirements have been incorporated in above paragraph.

⁴² Adding Tribal Social Services (TSS) for FFS population.

⁴³ Revised for clarification to the Quality Management (QM) portal.

⁴⁴ Removed TRBHA and FFS providers; not required to submit via AHCCCS QM portal.

1. AHCCCS will review the information to ensure ~~all of all~~ 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 shall be required to correct the submission within three business days.

~~The Contractor~~~~s, Fee-For-Service providers are~~is required to report progress updates to AHCCCS through the AHCCCS QM Portal every 30 calendar days that the member remains in the Out-of-sState placement. The 30-day update timeline shall be based upon the original date the member is admitted to the ~~Outout-of-s~~State Placement ~~facility~~provider. If the date falls on a weekend or holiday, it shall be submitted on the next business day.⁴⁵

2. The Contractor shall:

- a. Report on a 30-day update any time a member is transferred between out-of-state providers,⁴⁶
- ~~a.~~b. Notify AHCCCS via the AHCCCS QM Portal within five business days of the member transferring to another Contractor⁴⁷. Completion of the transfer notification within the AHCCCS QM Portal shall make the newly assigned Contractor responsible for notifications for the member,⁴⁸
- c. Notify AHCCCS ~~shall be notified~~ via the AHCCCS QM Portal within five business days of the member's discharge from the Out-of-sState ~~facility~~provider, and.
- ~~b.~~d. Complete the discharge notification when a member's discharge results in the member returning to an in-state living situation.⁴⁹

- ~~2. 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.~~⁵⁰

⁴⁵ Added policy reference to ensure minimal documentation content/quality standards are met.

⁴⁶ Contractors need to complete a 30-day update and not a discharge if the member is moved between out-of-state facilities.

⁴⁷ Clarity of responsibility when change of Contractor occurs.

⁴⁸ Transfer notification template and functionality was added to the AHCCCS QM Portal.

⁴⁹ Discharge notifications should only be done when the member returns to Arizona.

⁵⁰ Removed; this is duplicative with the updated policy references.