

1620-J OUT-OF-STATE PLACEMENT STANDARD

EFFECTIVE DATES: 02/14/~~1996~~, ~~01/01/18~~¹, 10/01/18

REVISION DATES: 10/01/04, 02/01/05, 09/01/05, 01/01/06, 10/01/07, 01/01/11, 05/01/12, 01/01/16, 06/13/18²

REVIEW DATE: ~~03/01/13~~

INITIAL

I. PURPOSE

This Policy applies to ALTCS/EPD, ~~and~~, DES/DDD (DDD) Contractors, and ~~the~~³ Tribal ALTCS Programs as delineated within this Policy. This Policy establishes standards related to the long term placement of members in out-of-state settings. It does not apply to situations in which the member is temporarily absent from the State.⁴

For out-of-state placement criteria and procedures for a child or young adult requiring behavioral health treatment, refer to AMPM Policy 450.^{5,6}

II. DEFINITIONS

CASE MANAGEMENT

A collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes. Contractor Case Management for ~~DES/DDD~~ is referred to as Support Coordination.⁷

OUT-OF-STATE SERVICES⁸

Services provided to members outside of Arizona that are covered as provided for under Code of Federal Regulations (CFR) 42 C.F.R., Part 431, Subpart B. This includes services that, as determined on the basis of medical advice, are more readily available in other states and services needed due to a medical emergency. Services furnished to AHCCCS members outside the United States (as defined in Chapter 300) are not covered.

¹ Date changes are effective

² Date presented at APC Meeting

³ Removed FFS as Tribal ALTCS is the only FFS referred to

⁴ Included purpose section

⁵ Included reference

⁶ POST APC CHANGE: moved section above

⁷ Adding Contract definition since Policy is outlining additional requirements

⁸ Added definition from below

~~Out of state services are covered as provided for under Code of Federal Regulations 42 C.F.R., Part 431, Subpart B. This includes services that, as determined on the basis of medical advice, are more readily available in other states and services needed due to a medical emergency. Services furnished to AHCCCS members outside the United States (as defined in Chapter 300) are not covered.⁹~~

I.III. POLICY

~~This section of the manual is intended to address the standards related to the long term placement of members in out-of-state settings. It does not apply to situations in which the member is temporarily absent from the State.¹⁰ Contractors and Tribal ALTCS programs shall make every effort to secure placement for members in state. For circumstances requiring an out of state placement wWritten authorization from AHCCCS is required prior to the placement of an ALTCS member in an out-of-state placement. Personal residences outside of the State of Arizona are not approved placements. Out-of-state placements facilities must be registered with AHCCCS and may shall be approved in licensed/certified residential-type settings only (for example, e.g. nursing facilities, residential treatment centers, group homes). Out of state facility providers must be registered with AHCCCS.¹¹~~

~~Written authorization from AHCCCS is required prior to the placement of an Arizona Long Term Care System (ALTCS) member in an out of state placement.¹²~~

In addition to all other ALTCS Cease Mmanagement standards, the following standards also apply when the ALTCS Contractor or Tribal ALTCS Program Contractor Pprovider seeks an out-of-state placement:

- ~~1.~~ 1. A request for out-of-state placement must shall be submitted to AHCCCS when it is determined that an ALTCS member’s need for services cannot be met by existing providers within the State of Arizona.
- ~~1.2.~~ 1.2. Tribal Contractors ALTCS Contractors Providers Programs requesting out-of-state placement approval for members being placed in one of the nursing facilities in Utah or New Mexico must shall submit a written request to the AHCCCS Division of Fee-For-Service Management (DFSM) the 13, AHCCCS_DHCM MM Unit using the form found in AMPM Exhibit 1620-7.
- ~~2.3.~~ 2.3. ALTCS E/PD Contractors and DDD Contractors requesting out-of-state placement approval must shall submit a written request to the AHCCCS Division of Health Care Management (DHCM), Medical Management (MM) Unit. The request must shall include at least the following information:
 - a. Member name and AHCCCS ID#₂

⁹ Included in definition above

¹⁰ Moved to purpose

¹¹ Rearranged for better flow

¹² Moved above

¹³ Updating all references to Fee-For-Service as DFSM

- b. Name/location of facility where the Contractor intends to place the member, include the facility’s AHCCCS provider ID#.
 - c. Description of the member’s ~~medical~~physical¹⁴/behavioral condition that necessitates this placement.
 - d. Description of facility’s program(s) that makes this placement appropriate for the member.
 - e. Information about other in-state placement options ruled out for the member, and
 - f. Plan for member’s return to an Arizona placement.
4. ~~When justified,~~¹⁵ AHCCCS approvals are generally given for six month intervals. The ~~ALTCS or Tribal ALTCS~~¹⁶ Cease Managers ~~must shall~~ submit appropriate documentation to request a renewal if the out-of-state placement is expected to continue beyond the initial approval time period. Requests for renewals ~~must shall~~ be submitted prior to the expiration of the previous approval.

~~For out of state placement criteria and procedures for a children or young adult requiring behavioral health treatment, refer to AMPM Policy 450..~~

¹⁴ Replaced ‘medical’ with ‘physical’

¹⁵ POST APC CHANGE: remove ‘when justified’

¹⁶ Added for clarity