

Form 408.1

Out of State Placement Form



E-mail to DBHSMEDICALMANAGEMENT@AZDHS.GOV
DO NOT FAX

Type of Request

Date

Member Information

First Name

Last Name

Date of Birth

Gender

Eligibility Status

AHCCCS ID

CMDP/DDD

Current Diagnoses:

1)

2)

3)

4)

5)

6)

If this is an initial request, where is the member currently located? If this is an emergency request or an update, place "N/A" in the field below.

T/RBHA & Health Plan Information

T/RBHA Name

T/RBHA Contact
Name

T/RBHA
Contact Phone

Health Plan

Date the Health Plan was contacted

Attempted Placements

This section only needs to be completed for initial requests and emergency requests. It does not need to be completed for 30-day updates, cancellations, or discharges.

Placement 1

Name

City/State

Level of Care

Main Reason for
Failure

Placement 2

Name

City/State

Level of Care

Main Reason for
Failure

Placement 3

Name

City/State

Level of Care

Main Reason for
Failure

Placement 4

Name

City/State

Level of Care

Main Reason for
Failure

Out-of-State Placement Information

For initial requests, what is the name of the proposed Out of State Placement? For emergency requests and updates list current placement below.

Placement Address

AHCCCS Provider Registration Number

Level of Care

Clinical Information

Presenting issues that require placement out of state?

How will the proposed placement meet the member's needs (i.e. behavioral, physical, and educational)?

Clinical Information (Continued)

What are the treatment goals and objectives?

What are the discharge criteria? What progress has been made toward discharge?

Note any barriers prevention discharge and/or a return to in-state services. What are the strategies to overcome these barriers?

What is being done to address the network gap(s) resulting in the need to place the member out-of-state and when is the network expected to be sufficient to meet the specific needs of this member?

Clinical Information (Continued)

What is the plan and associated time line (including the date of tentative discharge) to return the member to in-state care and services? What aspects of the treatment plan are preparing the member for a less restrictive, community-based environment in-state? Please include a list of in-state placements (contracted and non-contracted) that have been contacted to coordinate in-state placements/services.

Once returned to Arizona, what support services will be put in place to secure continued in-state progress?

How is the family unit being supported or has contact been severed?

Disposition

Current Disposition

