

PM Form 3.22.1 Out-of-State Placement

Initial Notice

Fax to ADHS/DBHS Office of Utilization Management (602) 364-4749

Please provide the following information for each person being considered for Out-of-State Placement:

First:		Middle:		Last:	
Date of Birth:		AHCCCS I.D.:		Health Plan:	
Date:					
T/RBHA:	T/RBHA Contact Person:	T/RBHA Contact Phone:		T/RBHA Contact FAX:	
Initial Notice Questions: 1. 2. 3.		Briefly outline the primary behavioral health needs for which an out-of-state placement is being sought:			
Where/With whom is the young person currently located?					
What is the proposed placement? (Include name of program and location.) How will the placement address the young person's specific needs?:					

Last Revised: 02/15/2007

Effective Date: 06/01/2008

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Please list all in-state-supports contacted and why each <u>was not</u> successful:	
In-State-Support(s) Considered	Reason(s) not successful
1.	1.
2.	2.
3.	3.
4.	4.
Please refer to the attached list of in-state residential programs, ensure that all have been considered, and describe why none listed can meet the behavioral health needs of the young person:	
What type of programming or supports will be necessary for this young person to return to Arizona?	
What are your plans to secure the needed programming or supports required to return this young person to Arizona?	

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What evidence will be used to determine this young person's readiness to return to Arizona?

Are there barriers that may prevent this person from returning to Arizona? Yes No

If yes above, please describe these barriers and your strategies to overcome them:

Please describe the specific objectives you expect to have placed in the treatment plan that will promote the young person's return to a less restrictive, community-based environment in-state:

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