

PM Form 3.22.2

Out-of-State Placement

90-Day Update

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

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|-----------------------|-------------------------------|------------------------------|--|----------------------------|--|
| First: | | Middle: | | Last: | |
| Date of Birth: | | AHCCCS I.D.: | | Health Plan: | |
| T/RBHA: | T/RBHA Contact Person: | T/RBHA Contact Phone: | | T/RBHA Contact FAX: | |

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|---|--|
| 90 Day Update Questions: 1. 2. 3. | What are the discharge criteria? |
| Date Placed Out-of-State: | What is the anticipated discharge date? |

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What progress has been made toward discharge?

What objectives appear in the current treatment plan that specifically prepare the young person for a less restrictive, community-based environment in-state?

Note any barriers preventing discharge and/or a return to in-state services: