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| **Section A: To Be Completed By The Case Manager** | |
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| **Tribal Contractor:** |  |

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| **Current Residence/Placement:** |  |
|  | |

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| --- | --- |
| **Diagnosis/Condition necessitating this placement:** |  |
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| --- | --- |
| **Distance from NF to nearest family:** |  |

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| --- | --- |
| **Level of involvement by family:** |  |
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| **Description of facility’s program(s) that makes this placement appropriate for the member:** | |
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| **Information about AZ NFs ruled out for this member:** |  |
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| **Plan for member’s return to AZ placement:** | |  |
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| **Indicate requested nursing facility:** |  | |
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|  | **San Juan Manor**  **806 W. Maple**  **Farmington, NM 87401**  **Provider ID # 841826** |  |  | **Four Corners Care Ctr**  **818 North 400 West**  **Blanding, UT 84511**  **Provider ID# 161406** |
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|  | **Bloomfield Nursing**  **803 Hacienda Lane**  **Bloomfield, NM 87413**  **Provider ID# 825316** |  |  | **Red Rocks Care Ctr.**  **3720 Church Rock Rd.**  **Gallup, NM 87301**  **Provider ID# 820632** |
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| **PCP Name:** |  | | **AHCCCS Provider ID:** | |  | |
|  | | | | | | |
| **Case Manager:** | |  | | **Date:** | |  |

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| **Section B. To Be Completed by AHCCCS** |
| *AHCCCS approvals are generally given for six month intervals. The case manager must submit a new Placement Request form for renewal if the out-of-state placement is expected to continue beyond the initial approval time period.* ***Requests for renewals must be submitted prior to the expiration of the previous approval.[[1]](#footnote-1)*** | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Approved** |  |  |  |  |  |  |  |  | |  |  |  | ***From Date*** |  | ***To Date*** |  | ***Name and Title*** |  | ***Date*** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Denied** |  |  |  |  |  |  | |  |  |  | ***Denial Date*** |  | ***AHCCCS Medical Director or designee*** |  | ***Date*** | |

1. [↑](#footnote-ref-1)