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

|  |  |
| --- | --- |
| **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:** |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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)*** |
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|  | **Approved** |  |  |  |  |  |  |  |  |
|  |  |  | ***From Date*** |  | ***To Date*** |  | ***Name and Title*** |  | ***Date*** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Denied** |  |  |  |  |  |  |
|  |  |  | ***Denial Date*** |  | ***AHCCCS Medical Director or designee*** |  | ***Date*** |

 |

1. [↑](#footnote-ref-1)