

Out-of-State Placement 90 Day Update

Fax to BUHP Behavioral Health Department at: (520) 874-3411

Or email to BUHPCareMgmtBHMmailbox@bannerhealth.com

Date of 90 Day Update: _____

Member Information:

Member First and Last Name: _____

Date of Birth: _____ AHCCCS ID: _____

Provider: _____ Provider Contact Phone: _____

Provider Contact Person: _____ Provider Contact Fax: _____

DSM-5/ICD 10 Diagnostic Codes:

Name/Location of Out-of-State Placement: _____

What are the discharge criteria?

What is the anticipated discharge date? _____

What progress has been made toward discharge?

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

Are there barriers that are preventing this person from discharge and/or returning to Arizona?
Yes No If yes, please describe these barriers and your strategies to overcome them:

