



Out of State Questionnaire

Out-of-State Provider,

Please select one of the four questions that best meets the reason you are requesting Out-of-State Provider Services and specify how the request meets the selected reason.

Services provided out-of-state for circumstances other than these specified reasons shall not be covered: The medical services must be needed because of a medical emergency.

1. Is there documentation of a psychiatric/ behavioral health emergency?

Yes ☐ No ☐

Medical service must be needed, and the Individual's health would be endangered if they were required to travel to their own state of residence.

Please Describe:

2. Is there documentation that the individual's psychiatric/behavioral health condition will continue to decompensate if required to travel back to Virginia?

Yes ☐ No ☐

The state determines on the basis of medical advice that the needed medical services, or necessary supplementary resources, are more readily available in the other state.

Please Describe:

3. Based on a physician's advice, is the Psychiatric Residential Treatment Facility (PRTF) service more readily available in the other state? What documentation is there that these services are not available in Virginia? Are there particular service needs that can only be addressed by this particular

out of state provider? If so, provide supporting documentation of all needs and the services to be provided.

Yes ☐ No ☐

Is it the general practice of Individuals in a particular locality to use medical resources in another state?

Please Describe:

4. What locality is the individual a resident of?

a. Is it the general practice for individuals in this locality to use psychiatric/Behavioral Health resources out of state?

Yes ☐ No ☐

b. If Yes, what state?

c. Is this a Department of Medical Assistance Services (DMAS) recognized "border state"?

Yes ☐ No ☐

d. If the request is for a different state than noted in "c", **why this state?**